COVID-19 Immunization
Guidance during the COVID-19 pandemic

Purpose
To provide guidance for the delivery of COVID-19 immunization services during the COVID-19 pandemic and assist immunization providers with measures to reduce transmission of COVID-19.

Immunization for COVID-19 is essential to:
- protect Albertans from COVID-19, especially those at high risk for severe illness and death;
- eventually lift the restrictions placed on our society to keep people safe and healthy

The COVID-19 immunization program is being offered in a phased approach. Please follow operational guidelines to assess eligibility.

In the context of COVID-19, the need to maintain physical distancing and prevent crowding will be very important in determining the number and flow of people within immunization clinics. Measures to reduce the transmission of COVID-19 include appropriate:
- Venue set up and immunization clinic operations.
- 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 congregate care facilities.

Venue set up and clinic operations
- Staff and volunteers must follow their employer’s policies for COVID-19 symptom and exposure risk screening.
- Staff and volunteers must complete a self-assessment tool each day before starting work.
- Staff and volunteers must not work at an immunization clinic if they have symptoms of COVID-19, or were instructed to isolate or quarantine, or have returned from travel outside Canada in the last 14 days.
- Active screening of patients/clients must be incorporated into immunization workflows.
- Patients/clients with symptoms of COVID-19 must not attend the immunization clinic. They should complete the online self-assessment tool or call 811 to arrange for COVID-19 testing.
- 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-metre physical distance requirements must be considered in the context of the size of the site.
- Patients/clients should wear a non-medical mask while attending a clinic for COVID-19 immunization. Consider providing Masks should be provided for those who come without one (as opposed to turning them away).
- Signage should be displayed at the entrance of the venue to inform individuals attending the clinic to:
  - Not to enter if they:
    - have any COVID-19 compatible symptoms, or
    - were instructed to isolate/quarantine, or
    - returned from travel outside Canada in the last 14 days (except for essential workers exempt from federal and provincial mandatory travel quarantine who do not have another reason to isolate/quarantine).
  - Wash hands with soap and water for at least 20 seconds or use hand sanitizer when entering.
  - Wear a mask.
• Practice respiratory etiquette.
• Maintain physical distancing of two metres.
• Follow the directional signage.
• Examples of signage can be found at: alberta.ca/covid-19-information-posters.aspx

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 clients not to arrive early for their appointments.
• Consider having clients wait outside or in cars if possible and call 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 to avoid 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 are recommended.
• This will be most important if appointments cannot be made and 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 (e.g., QR codes, fillable forms, email, website).
• 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 (IPC) measures for venues

• Ensure frequent cleaning and disinfecting of clinical spaces, including 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 and high-touch surfaces should be cleaned between uses (e.g., chair arms).
  o Seats should be made of a smooth, non-porous, wipeable material that is free from breaks, cracks, open seams, chips, pits and similar imperfections.

IPC measures for health practitioners

Hand hygiene

• Hand hygiene is required between each patient/client.

Routine Personal Protective Equipment (PPE)

• Health practitioners who are immunizing patients/clients should wear a surgical/procedural mask and eye protection continuously as physical distance cannot be maintained.
  o Soiled, wet or damaged masks should be replaced.
  o Hand hygiene must be performed before and after removing the mask and before donning a new mask.
  o Reusable eye protection should be cleaned and disinfected according to manufacturer's instructions for use.

Additional PPE

• Gloves are not required for immunization. If gloves are used, they must be changed between patients/clients and proper donning and doffing must be adhered to. Wearing gloves is not a substitute for proper hand hygiene.
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.

Post COVID-19 immunization after care guidance

Individuals who receive COVID-19 vaccine may experience side effects. These reactions are most often mild, develop within 24 hours and could last 24 to 48 hours. Many of the reactions that occur after the vaccine are similar to the symptoms of COVID-19 infection such as:

- fever and/or chills,
- feeling tired,
- headache or body aches,
- nausea.

Individuals should be advised of the possible reactions after immunization and:

- Monitor themselves for these symptoms.
- Individuals who develop the above symptoms should stay home.
  - If the symptoms resolve within 48 hours after onset, the individual can return to normal activities, unless they have been instructed to quarantine or isolate for other reasons.
  - If symptoms persist longer than 48 hours, and are not related to a pre-existing illness or health condition, individuals must continue to stay home, contact Health Link at 811 or complete the online COVID-19 online self-assessment tool for testing.
  - If testing is not done, adults with fever, cough, runny nose, sore throat or shortness of breath are to remain at home and stay away from others for 10 days or until symptoms resolve, whichever is longer.
  - Individuals with any other symptoms on the symptom list should remain home until symptoms resolve.

Congregate care facilities

- AHS will lead the delivery of the COVID-19 immunization program in congregate care settings, and is responsible for organizing outreach immunization services in these settings.
- Health practitioners will work closely with congregate care facility operators to plan COVID-19 immunization clinics as each facility will have unique situations and needs.
- AHS will collaborate with Indigenous Services Canada - First Nations and Inuit Health Branch (FNIHB) for services in congregate care settings on reserve.
- Prior to arrival arrangements to discuss prior to the immunization clinic should include:
  - The location of where immunizations will be administered should be known prior to arrival (e.g. common area or in resident rooms).
  - If residents are brought to a central/common location, physical distancing requirements must be maintained.
  - Seniors living in congregate care settings are some of the most vulnerable populations for severe illness and death from COVID-19, and immunization service must be delivered in a way that prevents the spread of the COVID-19 virus.
  - Appropriate use of PPE and IPC measures are necessary to protect the residents, immunizing health practitioner and facility staff.
  - Staff at congregate care settings will work collaboratively with AHS to organize the delivery of immunization services and monitor residents for both expected and unexpected post immunization reactions.
• Where possible, health practitioners offering COVID-19 immunization services in multiple facilities, should provide immunizations in facilities that are free from outbreaks first and then proceed with offering immunization services in facilities that are experiencing outbreaks.

• Please see below for guidance for congregate care facilities experiencing an outbreak at the time COVID-19 immunization services are planned.

**Facilities in outbreaks**

• Immunization may be offered during an outbreak to groups that are eligible according to the current phases.
  - On-site immunization may be offered with the use of appropriate IPC precautions, ensuring that all public health advice is followed (ie. PPE recommendations, physical distancing etc).
  - Under no circumstances should those legally requiring isolation or quarantine attend a public immunization clinic.

• In certain circumstances, immunization outside of the current (or past) eligible groups may be used as an additional outbreak control strategy at the request of the local MOH and with support of the CMOH.

• COVID-19 vaccine is not recommended as post-exposure prophylaxis. There is currently no evidence to suggest that this would offer benefit in this setting.

Go to [Alberta immunization policy](https://www.alberta.ca/alberta-immunization-policy.aspx) for more information regarding COVID-19 immunization.

Go to [COVID-19 vaccine program](https://www.alberta.ca/covid-19-vaccine-program.aspx) for more information regarding COVID-19 vaccine phased roll out.

Go to [alberta.ca/covid](https://www.alberta.ca/covid) for the most up-to-date information on restrictions to contain COVID-19.

The recommendations above are adapted from the Alberta Health [Influenza Immunization During COVID-19 guidance document](https://www.alberta.ca/alberta-immunization-policy.aspx), and [Planning Guidance for Immunization Clinics for COVID-19 Vaccines](https://www.alberta.ca/covid-19-vaccine-program.aspx) and [Planning Guidance for Administration of COVID-19 Vaccine](https://www.alberta.ca/covid) developed by Public Health Agency of Canada (PHAC).