

**Immunization Program/Clinic  
Infection Prevention and Control (IP&C) Procedures/Processes**

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## **Immunization Program/Clinic Infection Prevention and Control (IP&C) Procedures/Processes**

### **IP&C Requirements for Planning an Immunization Program/Clinic**

The prevention of infection transmission is an important factor in the planning and development of an immunization program/clinic. This IP&C procedures/processes document will include the guidance for semi-permanent sites, schools, group homes, supportive housing, seniors housing (e.g., assisted living, senior's complexes), hospitals, personal care homes, correctional facilities, pop-up/mobile clinics, shelters, and addiction centres.

The following are the IP&C principles and requirements that need to be considered in the planning of all types of immunization program sites:

- IP&C staff must be involved as required with the planning and design of the sites.
  - Sufficient space (e.g., 2 metres-6 feet) is recommended in the site and clinic.
- Ventilation within the clinic/site may need to be assessed.
  - Ventilation issues attributed to extreme heat must be assessed on a case-by-case basis to determine appropriate measures.
  - Refer to Public Health Agency (PHAC) of Canada COVID-19: Guidance on Indoor Ventilation During the Pandemic for Measures to Improve/Enhance Ventilation in the Site.
  - <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html>
  - However, when reviewing the PHAC Guidelines, please keep in mind the following:
    - Opening of doors and windows are not recommended due to the concern of insects, rodents and animals coming into the area.
    - The use of portable HEPA filtration or ultraviolet germicide irradiation is not recommended.
- IP&C principles must be applied to traffic flow within the clinic/site (e.g., consistent traffic pattern from entrance to exit).
- There must be a process for education of IP&C principles/processes for the immunizers/volunteers prior to them coming to the clinic/site.
- Surfaces (including flooring), equipment and reusable items must be able to withstand cleaning and disinfection with approved disinfectants and cleaning frequency.
- If a selfie photo area is provided, it must be cleaned and disinfected with approved disinfectants according to the Immunization Program/Clinic Approved Disinfectants and Cleaners.  
<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/approved-disinfectants-and-cleaners.pdf>
- Supplies to support hand hygiene and respiratory hygiene must be available in the clinic/site and at point of care at all times.
- IP&C practices/principles must be applied to storage of vaccine and supplies.

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### **Staff and Volunteer Recommended Immunization and Training**

The following immunizations are recommended for staff and volunteers of immunization programs unless contraindicated):

- COVID-19 immunization with an appropriate approved vaccine.
- Hepatitis B immunization and measurement of hepatitis B surface antibody titres - for any person who may handle sharps or sharps containers.
- Up-to-date tetanus immunization.
- Influenza immunization if the clinics/programs are occurring during influenza season.
- Refer to your SDO immunization policies if there are other immunizations that may be recommended.

### **Staff/Volunteer/Client Accessing/Participating in the Immunization Program/Clinic**

#### **Staff and Volunteers**

- All staff and volunteers will be required to self-screen for any illness symptoms prior to reporting for work.
- If symptoms develop while at work, they should follow their work requirements and report to their supervisor/manager or designate. They should avoid contact with others or have contact with vaccination supplies and leave work as soon as possible.
- If staff are returning to work after illness with a respiratory virus, they are required to follow the Shared Health staff return to work guidance.  
<https://sharedhealthmb.ca/files/covid-19-return-to-work-qrg.pdf>
- All staff (immunizers, physicians, nurses, allied HCWs, support staff, students, volunteers, and others) are responsible for complying with Routine Practices and Additional Precautions (RPAP). If issues with compliance occur, discuss with the site/program coordinator.  
<https://sharedhealthmb.ca/files/routine-practices-protocol.pdf>
  - Performing a Point of Care Risk Assessment (PCRA) is essential to determine the correct PPE for each type of client interaction.
- Use of RPAP is expected for the care of all persons at all times no matter where they are receiving care – in hospital, community, or long-term care. Microorganisms can be transmitted from symptomatic and asymptomatic people. This is why it is so important to follow RPAP at all times for all persons receiving care in all settings.
- RPAP outlines specific indications (reasons) for performing hand hygiene. There may be several indications to perform hand hygiene is a single care sequence or activity. While all indications for hand hygiene are important, there are some essential moments in the clinic setting where risk of transmission is greatest and hand hygiene must be performed. The essential moments are called The 4 Moments for Hand Hygiene: The following are examples of moments that may occur in the immunization program/clinic.
  - Moment 1: Before initial client/environment contact

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- Before entering the client space
- Before touching the client
- Before touching an object in the client space (e.g., chair)
- Moment 2: Before aseptic/clean procedures
  - Preparing the vaccine
  - Giving the vaccination
- Moment 3: After blood fluid exposure risk
  - Contact with blood/body fluid
  - Removal of gloves if used
- Moment 4: After client/client environment contact
  - After touching the client
  - After administration of the vaccine
  - After touching an object in the client space (e.g., chair)
- Hand hygiene moments are used interchangeably to refer to the four times it is essential that hand hygiene be performed. Indications are the reason why hand hygiene is necessary at a given moment. Opportunities are the need to perform hand hygiene whether there are single or multiple indications. Hand hygiene action must correspond to each opportunity. Multiple indications may come together to create a single opportunity which is called combined moments. A hand hygiene moment may be combined ONLY WHEN the clinic staff hands do not become contaminated after completing a task requiring hand hygiene and immediately before beginning the next task requiring hand hygiene.
  - If the clinic staff performs hand hygiene after contact with a client and does not touch anything to contaminate their hands before contact with the next client. This would be 1 opportunity compliant with Moment 4 and Moment 1 even though the actual act of performing hand hygiene was only completed once.
- The method of immunization, will indicate when hand hygiene needs to be performed. In the context of The 4 Moments for Hand Hygiene, the following scenarios may be included in the immunization process. Staff need to be following The 4 Moments for Hand Hygiene when these occur.
  - A client walks in (while the previous client walks out) and sits down on the chair. The immunizer performs hand hygiene (Moments 1 and 4) merged into one opportunity.
  - Immunizer reviews client/medication checks.
  - Immunizers performs hand hygiene.
  - Staff performs medication/vaccination prep.
  - The client exposes their arm, the immunizer applies the skin antiseptic to immunization site.
  - The immunizer picks up the syringe.
  - The immunizer performs the injection.
  - The immunizer discards the syringe and needle into the sharps container.
  - The immunizer applies a bandage to the injection site.
  - The immunizer performs hand hygiene (Moment 3).

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- The immunizer documents the immunization.
  - The client gets up from the chair (while another client comes to the chair). The immunizer performs hand hygiene (Moment 4/Moment 1 for new client).
- In addition, there may be other occasions where staff may need to follow the principles of The 4 Moments for Hand Hygiene.
- Clothing (e.g., vests) or accessories (e.g., lanyards) provided to staff and volunteers to aid in identification of their role, should ideally be assigned to each staff or volunteer as their own item. If they are to be shared between staff or volunteers, there must be a process set up to cleaning and disinfection between uses. All items must be cleanable and should be cleaned and disinfected after each shift.
- Staff must wear closed toe shoes due to occupational health issues related to the functions of their positions.

### Clients

- Immunization will be given to clients that are approved and identified according to the vaccination criteria.
- Follow facility requirements related to mask use.
- Clients self- screen for any illness symptoms on arrival.  
<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/resp.pdf>  
<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/resp.fr.pdf>
- The following clients may require a **medical mask** while in the immunization clinic/site:
  - Clients identified with symptoms of a respiratory infection.
- If a client is symptomatic
  - Have clients and escort perform hand hygiene.
  - Mask all symptomatic clients (procedure or surgical) and escort (even if asymptomatic).
  - Segregate immediately into a single room; maintain 2-metre separation.
  - If not possible to immediately isolate, direct symptomatic client(s) and escort to a segregated waiting room/area that is physically separate from the main waiting room/area and allows a 2-metre separation between clients.
    - If clinic space does not have the ability for a segregated area, have the client immunized as quickly as possible.
  - Screen client and escort for signs and symptoms of acute respiratory illness, refer for medical assessment where appropriate.
  - If client is assessed as afebrile and having mild or residual symptoms from an unknown respiratory infection or due to post recovery from Covid-19; client may proceed with vaccination(s).
- Clients may bring a comfort item (e.g., stuffed animal, blanket, toy), distraction item (e.g., an electronic device), or ice pack (to numb their arm) to their immunization appointment. These are important measures to aid in the management of pain, anxiety or fear related to the vaccination experience. These items should not be shared with other clients who are not in their group.
- While receiving their vaccination, clients are encouraged to use distraction techniques (e.g., blowing bubbles, pin wheels) to aid in management of pain or anxiety.

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### Personal Protective Equipment (PPE)

- RPAP which includes PCRA and respiratory hygiene will be used to select appropriate PPE to prevent exposure to blood and body fluids.
  - PCRA remains a valuable and required tool to assess the presence of risk.
- Staff must follow Shared Health's requirements for the use of a medical grade mask. These requirements may differ depending on community activity levels of respiratory virus.
  - Please visit the Shared Health -PPE Resources page for the current communication/requirements.  
<https://sharedhealthmb.ca/covid19/providers/ppe-resources/>
  - Other types of PPE will continue to be available if needed by the staff.
- If staff assess an aerosol generating medical procedure (AGMP) is being performed in the immunization clinic, they are to refer to the accommodation of Green Zone clients in the Aerosol-Generating Medical Procedures for full details.  
<https://sharedhealthmb.ca/files/aerosol-generating-medical-procedures-AGMPs.pdf>
- Immunization clinics are safe and respectful environments and will remain mask-friendly for all who choose to continue wearing a mask or other types of PPE.

### Donning and Doffing PPE

- Staff and volunteers should ALWAYS perform strict hand hygiene BEFORE donning and AFTER doffing PPE. Move slowly and thoughtfully through the procedure.
  - Donning:
    - [https://www.youtube.com/embed/KeNlx16hm3Q?wmode=transparent&hd=0&autoplay=0&controls=1&fs=1&autohide=2&theme=dark&rel=0&showinfo=1&iv\\_load\\_policy=3](https://www.youtube.com/embed/KeNlx16hm3Q?wmode=transparent&hd=0&autoplay=0&controls=1&fs=1&autohide=2&theme=dark&rel=0&showinfo=1&iv_load_policy=3)
  - Doffing:
    - [https://www.youtube.com/embed/p4uInM6Ua7c?wmode=transparent&hd=0&autoplay=0&controls=1&fs=1&autohide=2&theme=dark&rel=0&showinfo=1&iv\\_load\\_policy=3](https://www.youtube.com/embed/p4uInM6Ua7c?wmode=transparent&hd=0&autoplay=0&controls=1&fs=1&autohide=2&theme=dark&rel=0&showinfo=1&iv_load_policy=3)
- Staff or volunteers when using eye protection/face shields, disinfect (if reusable) or discard do so according to Shared Health recommendations.  
<https://sharedhealthmb.ca/files/standard-operating-procedure-disinfecting-eye.pdf>  
<https://sharedhealthmb.ca/files/covid-19-disinfection-and-storage-of-full-face-shields.pdf>

### Overall Infection Prevention and Control Principles

- For the client, staff, and volunteers, follow facility requirements for masks.
- Where possible, ensure clinic/area processes and flow minimize interactions and time in any given area.
  - Strategies can include on-line completion of Consent Forms before arrival.
  - The clinic/area should be set up to ensure unidirectional flow of clients.

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- In common areas, it is recommended to have a safe seating distance between clients (e.g., 2 metres apart).
  - Ensure set up of the clinic/area and flow minimize interactions and the duration of the individual in any given area. The clinic/area should be set up to ensure unidirectional flow of clients.
- Scheduling appointments for immunization is in place and the client will be able to book appointment online.
  - Staff will have a list of appointment times and names to confirm anyone entering the clinic/area has an appointment.
- Entrance screening points practices to be adopted:
  - Ensure appropriate signage is present in all client entry locations (e.g., triage, registration, clinic, program area).
    - Encourage clients to perform respiratory hygiene/cough etiquette, provide tissues, alcohol-based hand rub and a waste receptacle.
    - Clients must self-screen for any illness symptoms on arrival.
      - Designated screeners are not required. The following posters are to be used for client self-screening.  
<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/resp.pdf>  
<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/resp.fr.pdf>
- Provide alcohol-based hand rub (ABHR)/hand sanitizer stations throughout the clinic/area, including on entry, at each immunization station and at the exit. Hand hygiene with ABHR/hand sanitizer should be used by Immunizers according to RPAP. Hands should be washed with soap and water if visibly dirty. If handwashing stations are not available within the clinic/area, there should be portable handwashing stations readily available (e.g., immunization area, post immunization area):
- Vaccinations must be administered by trained immunizers who have received the appropriate training for the vaccine being administered.
- Where possible, set up immunization stations to be 2 metres apart.
  - Set up immunizer stations so clients do not touch table surfaces.
  - At the immunization tables, place seats so the client sits with their shoulder facing the immunizer and not their face.
- There must be consideration in the pre-immunization, immunization, and post immunization area to accommodate groups of clients who may come to the clinic together and should be managed as a group (e.g., adult with several children, support person with client).
  - Seating can be added at the immunization station or post immunization area so the group can sit together.
  - The extra seating must be cleaned, disinfected, and removed when this group has left the area.
- There must be a process for designating clean versus dirty (contaminated) reusable items that clients touch (e.g., pens, clipboards). There must also be a process, schedule, and assignment of staff for routine cleaning and disinfection of all dirty (contaminated) items.
  - If paper, pen, or clipboard is used in the immunization process ensure the following:
    - Use clipboard and pen that is wipeable and non-porous.

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- Hand hygiene for all persons before and after contact with the pen, paper, or clipboard.
- If pre-loading of vaccine into syringes will occur, this must be done in a designated clean medication preparation area that is not adjacent to potential sources of contamination.

### **Service Animals and Animal Assisted Activities**

- Service animals either for staff or client can be allowed in the clinic/area.
  - Only the handler can touch the service animal and the handler must practice strict hand hygiene before and after contact with the animal.
- Animal Assisted Activities
  - The clinic manager/designate shall consult IP&C before implementation of the animal assisted activities (AAA) program.
  - Refer to regional AAA policy/guidance where available.
  - Only animals used for AAA and service animals are allowed in the immunization clinic/site. All other animals shall be denied entry to the clinic.
  - All visitations should be restricted to dogs (i.e., exclude cats and other animals)
  - Animals used for animal assisted activities must:
    - Be registered or certified for AAA/AAT (Animal Assisted Therapy).
    - Have appropriate training.
    - Be oriented to the immunization clinic/site.
    - Wear appropriate identification while in the clinic.
    - Be a minimum of one year of age.
    - Have a current health evaluation (i.e., within the year) by a licensed veterinarian and have current vaccinations.
    - Be appropriately restrained, on a short leash or in an appropriate carrier.
    - Be under the control of an AAA Handler at all times while in the clinic.
    - Be free of communicable diseases and excluded from the site if any of the following are present:
      - Vomiting or diarrhea, urinary or fecal incontinence, episodes of sneezing or coughing of unknown or suspected infectious origin, animals currently on treatment with non-topical antimicrobials or immunosuppressant medications, infestation by flea, ticks or other parasites, open wounds, ear infections, skin infections, hot spots, or is demonstrating signs of heat (estrus).



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- Be clean and well-groomed and nails must be short and free of sharp edges.
- Be free of behavioral problems.
- Be immediately removed from the facility if sick or stressed during the visit, cause excessive noise that is disturbing to clients or cause an injury.
- Not be a current resident of an animal shelter or similar facility.
- Not have been fed raw foods of animal origin in the last 90 days.
- The Pet Escort & AAA Handler shall obtain permission from the site Clinic Manager/designate before visitation:
  - They must receive site specific orientation prior to coming to the clinic.
  - Be provided a copy of the guidelines prior to the visitation.
  - Be familiar with the animal and its behavior.
  - Always supervise and be in control of the animal.
  - Be in good health.
    - Recommended immunizations for immunization clinic/site staff and volunteers are also recommended for the Pet Escort & AAA Handler.
    - They are required to self-screen for any illness symptoms and exposure prior to attending the clinic.  
<https://sharedhealthmb.ca/files/covid-19-staff-screening-tool.pdf>
    - If symptoms develop while at the clinic, they should report to the Clinic Manager/Designate.
  - Continuously monitor the animal for signs of stress.
  - Provide the animal the opportunity to urinate/defecate immediately prior to entering the clinic.
- AAA Handlers shall sign in, where designated upon entering the clinic.
- The Pet Escort/ AAA Handler shall dispose of any animal waste immediately in the following manner:
  - Pick up waste with paper towel and place in plastic bag.
  - Tie shut and put in designated garbage.
  - Perform hand hygiene and inform staff.
  - Staff shall clean and disinfect the area.
- Contact with the animal is restricted to the handler and the clients. Clinic staff shall not have contact with the animal.
  - If the handler also has another role in the clinic (e.g., immunizer), they must not care or have contact with clients at the same time as caring for the animals. Ideally, on the day they are providing AAA services, they would not be participating in any other clinic duties.
  - The handler must have all clients perform hand hygiene with alcohol-based hand sanitizer before and after animal contact.
  - If there is contact with animal excretion/saliva, the clients and/or the handler must go to a hand washing station to wash their hands with soap and water.
  - Provide all AAA Pet Handlers and Pet Escorts with pertinent hand hygiene resources.
- Injuries caused by animals:

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- Report all injuries caused by an animal to the clinic manager/designate and the animal handler. Individuals injured by an animal shall be evaluated and treated promptly by medical personnel, as appropriate for the type of injury.
- Animal bites should be reported immediately to the City of Winnipeg Animal Services Agency by phoning 311 and should be documented in the client chart if it involves the client.
- Animals having caused intentional or serious injury shall be permanently banned from the clinic.

## **Cleaning Protocols/Schedule and Approved Disinfectants**

- Please refer to Immunization Program/Clinic Cleaning Frequency Schedule and Immunization Program/Clinic Approved Disinfectants and Cleaners for enhanced cleaning protocols/schedule and list of approved disinfectants.

<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/clinic-cleaning-freq-schedule.pdf>

<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/approved-disinfectants-and-cleaners.pdf>

- Initial cleaning and termination of clinic/area cleaning
  - Ensure a thorough cleaning of all equipment, surfaces and floors are cleaned using approved disinfectants.

### **Cleaning protocols for staff during their shift**

- Cleaning protocols for staff/volunteers during their shift
  - Cleaning of the immunization station:
    - Disinfectant wipes will be used to clean immunization surfaces between clients if the client comes in contact with it.
    - Chairs where the client is seated should be cleaned at the end of the day.
    - The immunization work area (e.g., table, carts) should be cleaned and disinfected by the staff/volunteer after returning from breaks, before use by another individual, at the beginning of the work shift, and when soiled.
- Tablets, laptops, keyboards, mouse, printers, and other components of the laptop
  - Hand hygiene must be performed prior to and after contact with the tablets, keyboards, laptops, mouse, and other components of the computer.
  - Cleaning and disinfection of the medical grade external keyboard and mouse with accelerated hydrogen peroxide wipes (in approved disinfectant list) must be done after returning from breaks, before use by another individual and at the beginning of the work shift according to SDO processes.
  - Infection prevention and control management of the tablet according to Shared Health Disinfecting Shared Devices.
    - <https://sharedhealthmb.ca/files/disinfecting-shared-devices.pdf>
    - Cleaning and disinfection must be done before use by another individual.
  - Laptops and other components must be cleaned at the beginning of the work shift.
    - Laptop cleaning guideline recommends an alcohol solution consisting of 70% isopropyl alcohol and 30% water (rubbing alcohol).

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- Wear disposable gloves when cleaning and disinfecting surfaces of the laptop and other components.
- Turn off the device and disconnect AC power (for printers, devices should be unplugged from the outlet).
- Remove batteries from items like wireless keyboards. Never clean a product while it is powered on or plugged in.
- Disconnect any external devices.
- Moisten a microfiber cloth with a mixture of 70% isopropyl alcohol / 30% water (rubbing alcohol). Wet contact time (time for disinfection) is 10 minutes. Ensure alcohol remains on the surfaces to ensure disinfection.
- Do not ever spray any liquids directly onto the product.
- Gently wipe the moistened cloth on the surfaces to be cleaned. Do not allow any moisture to drip into areas like keyboards, display panels or USB ports located on the printer control panels, as moisture entering the inside of an electronic product can cause extensive damage to the product.
- Start with the display or printer control panel (if applicable) and end with any flexible cables, like power, keyboard, and USB cables.
- When cleaning a display screen or printer control panel, carefully wipe in one direction, moving from the top of the display to the bottom.
- Ensure surfaces have completely air-dried (minimum of 10 minutes) before turning the device on after cleaning. No moisture should be visible on the surfaces of the product before it is powered on.
- After disinfecting, copier/scanner glass should be cleaned again using an office glass cleaner sprayed onto a clean rag to remove streaking.
- Gloves should be discarded after each cleaning. Perform hand hygiene immediately after gloves are removed.
- Cleaning of the waiting area and post-immunization recovery area:
  - Chairs and tables where client is seated should be cleaned according to the Immunization Program/Clinic Cleaning Frequency Schedule.  
<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/clinic-cleaning-freq-schedule.pdf>
- Cleaning protocols/schedule and approved disinfectants if the site has their own cleaning staff
  - Please refer to Immunization Program/Clinic Cleaning Frequency Schedule and Immunization Program/Clinic Approved Disinfectants and Cleaners for enhanced cleaning protocols/schedule and list of approved disinfectants.  
<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/clinic-cleaning-freq-schedule.pdf>  
<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/approved-disinfectants-and-cleaners.pdf>
  - Initial cleaning and termination of clinic/area cleaning
    - Ensure a thorough cleaning of all equipment, surfaces and floors are cleaned using approved disinfectants.

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- Clean the inside of the fridge and freezer quarterly, and as needed (e.g., if there is visible soil).
- Refer to <https://www.gov.mb.ca/health/publichealth/cdc/protocol/ccp.pdf> for details.

### **Site Specific Considerations**

#### **IP&C Practices Specific to Accelerated Vaccination Program (AVP)**

This model uses a streamlined flow-through process. Once registered, the client remains seated to receive their vaccination and to recover. The immunizer and data entry individual use a common cart and move from client to client.

In addition to IP&C practices/processes above and in the Immunization Program/Clinic Cleaning Frequency Schedule, review the following:

- Items used for immunization (e.g., syringes, cotton balls, band-aids) must not be placed directly on the immunization cart but must be stored in containers that can be cleaned and disinfected. These containers should be cleaned and disinfected daily.
- There must be alcohol-based hand rub/sanitizer, disinfectant wipes, and waste disposal on each cart.
- In this model, given the rapid rate of immunization and increased number of client interaction, hand hygiene before and after contact with clients and surfaces must be strictly adhered to.
  - Immunizer must perform additional hand hygiene:
    - After administering a bag of vaccine and signing/initialing the bag.
    - If immunizer touches anything (e.g., cart, consent form, chair) another hand hygiene must be performed.
    - If immunizer touches vaccination cooler bag between clients, hand hygiene must be performed.
  - Data entry staff must perform hand hygiene:
    - Before touching cart/computer.
    - After contact with paper/computer/pen/clipboard and before contact with cart/computer.
- Immunizer and the individual entering into the computer must strive to have minimal contact with each other.
- Bags used to place syringes must be single use and not reused.
- Disinfectant wipes will be used to clean the immunization surface between clients if the client comes in contact with it.
- Chairs where the client is seated should be cleaned at the end of day.
- Immunizer chair must be cleaned and disinfected when they go on breaks or at the end of their shift.

#### **IP&C Practices Specific to Focused Immunization Team (FIT) Program**

The prevention of infection transmission is an important factor in the planning and development of the FIT Program, which includes schools, group homes, supportive housing, seniors housing (e.g., assisted

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living, senior's complexes), hospitals, personal care homes, correctional facilities, pop-up/mobile clinics, shelters, and addictions centres. In addition to the above Overall Infection Prevention and Control Principles, review the following procedures:

- In a congregate setting, it is optimal to have the vaccine given to each individual client in their room/home space by a trained immunizer to prevent infection transmission that may occur in congregate settings.
- If there are congregate activities occurring in the site, immunization may occur in the congregate settings in these sites. Some clients in these sites may not be able to come to the site congregate settings. Clients who are unable to come to the site congregate settings, can have their immunization administered in their room/home space. If this approach/plan is used, site factors (e.g., where in the site the immunization is occurring, sufficient space, type of clients at the sites) and other IP&C issues (e.g., immunizer's PPE requirements, hand hygiene, cleaning, and disinfection) should be reviewed and addressed before proceeding.
- In addition to self-screening, the site may have screening requirements to enter. All staff and volunteers will also be required to complete the site's screening requirements before entering.
- Ensure there is removal of clutter and a thorough cleaning and disinfection done in the immunization area prior to the start of the immunization clinic. Ensure there is a thorough cleaning and disinfection of the immunization area when the clinic is finished.
  - Strive to use an immunization area that has easily cleanable surfaces/furniture (e.g., plastic/metal, laminated, preferably not wood/fabric/carpet).
- It is preferred to use an immunization site that has the ability and sufficient space to plan for client screening and a distinct entry and exit for unilateral flow.
- IP&C principles must be applied to traffic flow for immunization within the site (e.g., movement between COVID-19 zones, low risk to high risk, and consistent traffic patterns from entrance to exit). Movement between COVID-19 zones during the immunization process can occur. It is important to collaborate with regional/site IP&C on how this will occur to ensure there is no transmission of infection.
- Site must have easy access to hand hygiene facilities and supplies.
- If the immunization occurs in the room/home space, only supplies needed for the immunization (e.g., syringe, alcohol swab) should be taken into the room/home space. The cart/caddy/basket or other reusable supplies used for immunization should not be taken into the client's room/home space. The cart/caddy/basket must be able to be cleaned and disinfected with approved disinfectants.
- If computers and components are used for the vaccination process, they are not to be taken into the client's room/home space. They must remain outside and the immunizer must perform hand hygiene prior to contact or use of the computer/components.
- Service animals for staff/volunteers would not be allowed to go into isolation rooms in the hospitals. Check with other types of sites prior to entry about their policies/processes regarding service animals going into rooms with active cases of infection.
- Some FIT may wish to have AAA to assist with some clients (e.g., children) during their immunization process. Please refer to the Animal Assisted Activities section in the guidelines above.
- Cleaning Protocols/Schedule and Approved Disinfectants for Cleaning
  - Follow the site cleaning policy/process and approved disinfectants.

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- If the chosen site does not provide cleaning services and cleaning and disinfection of the site will be contracted out, refer to the Immunization Program/Clinic Approved Disinfectants and Cleaners and follow the Immunization Program/Clinic Cleaning Services Frequency Schedule or follow site cleaning policy/process and approved disinfectants.

<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/approved-disinfectants-and-cleaners.pdf>

<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/clinic-cleaning-freq-schedule.pdf>

### **IP&C Practices Specific to Mobile Immunization Program**

This includes the mobile immunization clinic and the community sponsored auxiliary care mobile clinic with integrated immunizations (e.g., community outreach vans). In addition to the above Overall Infection Prevention and Control Principles, review the following procedures:

- Ventilation within the mobile immunization clinic may need to be assessed. If there is a ventilation system (e.g., air conditioning, heating), ensure it is operational and functioning properly.
  - Do not use the vehicle's air recirculation function.
- At the beginning of the day/shift:
  - The vehicle must have the following IP&C supplies available at the beginning of the shift: hand hygiene supplies (e.g., alcohol-based hand sanitizer, hand soap, paper towels), immunization supplies, sharps disposal, waste disposal, PPE, disinfectant wipes.
    - Determine/designate who will be responsible for checking that supplies are adequate for the duration of the clinic.
  - Determine/designate who will be responsible for the cleaning and disinfection of the area/mobile unit during and at the end of the day.
- Set up immunizer stations to minimize the possibility of clients touching the table surfaces.
- Coolers used for vaccine storage, caddies used for supplies and any other materials being brought daily to the mobile unit should be cleaned and disinfected at the beginning and end of the day.
- Any rooms/areas at the community/partner site that is being used for the day by the immunization team should be thoroughly cleaned and disinfected prior to the arrival of the immunization team and at the end of the day.
- Processes need to be developed and implemented for ongoing servicing of the van (e.g., filling water, draining water/sewage, ventilation system, end of the day cleaning and disinfection).
- Vaccine reconstitution and drawing into syringes must occur in a designated clean area.
- Donning and doffing of PPE should be done in an area removed from others.
  - If using PPE, donning of PPE should occur before getting into the vehicle.
  - If using PPE, doffing should occur after getting out of the vehicle (e.g., meals, breaks).
- Follow the Immunization Program/Clinic Approved Disinfectants and Cleaners and Immunization Program/Clinics Cleaning Frequency Schedule.  
<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/approved-disinfectants-and-cleaners.pdf>  
<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/approved-disinfectants-and-cleaners.pdf>
- Community Sponsored Auxiliary Care Mobile Clinic with Integrated Immunizations.

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- Pre-loading into syringes if it is to occur and vaccine reconstitution should be done where the vaccine supplies are being picked up or in a designated clean area in the mobile clinic/van.
  - If there are circumstances which require vaccine reconstitution and pre-loading into syringes to occur within the vehicle, the following IP&C practices must be followed:
    - Use designated clean area with a clean surface (e.g., table).
    - The designated clean area must be cleaned and disinfected before use.
- There must be separate areas for storage of clean from dirty supplies inside the vehicle.
- Processes should be developed for cleaning and disinfection of the vehicle on an ongoing basis.
- If clients are going to be brought into the vehicle for the purposes of immunization, the area where immunization occurs in the vehicle should be cleaned and disinfected at minimum at the end of the day.

### **IP&C Practices Specific to Group Settings (e.g., group homes)**

- Refer to IP&C Practices Specific to Focused Immunization Team (FIT) Program guidance section.

### **IP&C Practices Specific to Supportive Housing**

- Refer to IP&C Practices Specific to Focused Immunization Team (FIT) Program guidance section.

### **IP&C Practices Specific to Hospitals**

- IP&C practices in hospitals differ from other types of facilities (e.g., movement between zones, site set up, PPE requirements). To ensure the immunizers and the program are prepared, it is important to consult with regional/site IP&C prior to immunization occurring in hospital.

### **IP&C Practices Specific to Correctional Facilities**

- Develop IP&C practices in collaboration with Manitoba Justice prior to immunization being provided in the correctional facilities.
- Education regarding IP&C practices in correctional facilities and how it relates to the immunization program must be provided to the immunization team prior to going to these sites.

# **Immunization Program/Clinic** **Infection Prevention and Control (IP&C) Procedures/Processes**

## **Appendix A: Infection Prevention and Control (IP&C) for Public Health Immunization Programs and Clinics in the Setting of Measles Outbreak and/or Community Transmission**

This appendix provides infection prevention and control (IP&C) guidance for preparing, preventing, and managing measles exposures in public health immunization clinics. It supplements the IP&C practices described in the main document.

### **1. Measles Contact**

A measles contact is defined as:

- Any individual exposed to a confirmed or probable measles case during the infectious period without appropriate protection (e.g., immunity, PPE)
- Anyone who spent time in a room previously occupied by a measles case within 2 hours after the case left the space



#### **1.1. Criteria for Measles Immunity**

Immunity is confirmed by any one of the following:

- Born before 1970
- History of laboratory-confirmed measles infection
- Two doses of measles-containing vaccine (≥4 weeks apart, after 12 months of age)
- Documented evidence of previous positive measles serology

For more information see: <https://www.gov.mb.ca/health/publichealth/cdc/protocol/measles.pdf>

### **2. Communicability Timeline and IP&C Precautions for Susceptible Measles Contact Exposures**

Day 0		Day 1-4		Day 5-21 <sup>1</sup>
Exposure Date		Post exposure - incubation period		Period of Potential Communicability
Routine Practices <sup>2,3</sup>		Routine Practices <sup>2,3</sup>		Airborne Precautions + PCRA <sup>2,3</sup>

### **3. Confirmed/Probable Measles Cases and IP&C Precautions**

For confirmed and probable measles case definitions see:

<https://www.gov.mb.ca/health/publichealth/cdc/protocol/measles.pdf>

Infectious from 4 days before rash until 4 days after (rash = day 0)		
Confirmed / Probable Measles Cases		Airborne Precautions + PCRA <sup>2,3</sup>

<sup>1</sup> The period of potential communicability following a measles exposure spans from 5 to 21 days post-exposure. In instances of multiple exposures, the period of potential communicability starts 5 days after the first exposure and should extend to 21 days following the most recent exposure.

<sup>2</sup> MHSITC Routine Practices Guideline <https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>

<sup>3</sup> Public Health Agency of Canada's Updated Recommendations for Measles Infection Prevention and Control in Healthcare Settings [PHAC Measles Infection Prevention and Control](#)



## **Immunization Program/Clinic Infection Prevention and Control (IP&C) Procedures/Processes**

### **4. Common Elements for All Measles Immunization Clinic Settings**

#### **4.1. Site assessment**

Ensure the clinic site can accommodate:

- Screening and management of individuals for measles (susceptible contacts, suspect and confirmed cases)
- Client screening and management on entry and within the clinic (Fever, cough, coryza, conjunctivitis, and maculopapular rash)
- Airborne precautions if needed (e.g., Airborne Isolation Room [AIR], private rooms with doors, separate waiting areas)

#### **4.2. Staff and Volunteers**

- All staff (immunizers, physicians, nurses, allied HCWs, support staff, students, volunteers and others) must comply with Routine Practices and Additional Precautions (RPAP)
- Issues with compliance should be discussed with the clinic lead. For further information refer to section Staff/Volunteer/Client Accessing/Participating in the Immunization Program/Clinic in the document above

Shared Health Routine Practices Protocol: <https://sharedhealthmb.ca/files/routine-practices-protocol.pdf>

Key practices:

- Perform a Point of Care Risk Assessment (PCRA) for each type of client interaction
- Select appropriate personal protective equipment (PPE) based on PCRA (e.g. gloves, gowns, medical masks, facial protection, eye protection, N95 respirator)
- Only staff and volunteers with presumptive immunity as outlined in [PHAC Measles Infection Prevention and Control](#) should be providing care or immunizations at measles immunization clinics:
  - Two documented doses of MMR vaccine regardless of year of birth
  - History of laboratory confirmed infection
  - Laboratory evidence of immunity
- Wear a fit-tested, seal-checked N95 respirator when working or caring for clients with suspected or confirmed measles, regardless of the immunity/vaccination status

### **5. Appointments**

- Screen individuals for measles symptoms at booking and again at clinic entry
- Determine if the visit is for PEP or immunization. If PEP, schedule as soon as possible (ideally within 72 hours post-exposure)

**Measles symptoms (7–21 days post-exposure):**

- Fever, cough, coryza, conjunctivitis. and maculopapular rash

## **Immunization Program/Clinic Infection Prevention and Control (IP&C) Procedures/Processes**

### **Client Guidance:**

- Asymptomatic exposed susceptible individuals may attend clinic (mask if 5-21 days post exposure)
- Symptomatic individuals must stay home and:
  - Be given a medical mask if they present at the clinic
  - Be instructed to return home and consult a healthcare provider for assessment/testing
  - Stay home and isolate until the results are available OR Contact Health Links–Info Santé in Winnipeg at 204-788-8200; toll-free elsewhere in Manitoba 1-888-315-9257

### **Scheduling:**

- Appointments should be consecutive individual visits
- family members may be assessed together if they share an exposure history

If clients, visitors, staff and volunteers (in the absence of appropriate PPE) are considered potentially exposed for measles contact the manager of the clinic.