

INFLUENZA CLINIC PLANNING CHECKLIST

This checklist below is designed to assist our community health care providers with the planning and implementation of influenza immunization clinics and can also be used for other types of vaccination clinics. Some items on the checklist will be relevant to larger clinics only. The list is not meant to be all inclusive. The checklist should be completed during the planning stages of the clinic. If, after completing the checklist below, you would like to consult with public health on the planning related to your influenza immunization clinic for the 2020/21 influenza season, email: vaccineinformationline@york.ca with a copy of your completed checklist.

This checklist reviews clinic planning considerations across a number of topics including:

- Staffing and training
- Clinic venue
- Clinic logistics
- Vaccine storage and handling
- Clinic supplies
- Waste management and infection control
- Vaccine administration
- Documentation

Yes	No	N/A	Planning Checklist	Staff Initials
STAFFING AND TRAINING				
			A staff member is assigned to be in charge of overseeing clinic operations. This role is typically assigned to a physician or registered nurse with vaccination clinic experience	
			Appropriate health care professionals such as nurses (RN/RPN) or physicians are selected to administer the vaccine	
			An appropriate staff member is assigned to screen clinic clients for acute respiratory illness and check them in upon arrival All immunizing staff have a current and valid certification in cardiopulmonary resuscitation (CPR)	
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			Designate an appropriate staff member to oversee the post-immunization observation area and lead the response to any medical emergencies occurring in that area	
			A qualified individual is assigned to oversee infection prevention and control at the clinic.	
			All staff are aware of the location of emergency anaphylaxis kit.	
			Staff members administering vaccines have reviewed appropriate vaccine monograph(s) prior to the vaccination clinic.	
			Staff are trained as appropriate on important vaccine topics, including: infection control requirements, waste segregation and disposal, vaccine storage and handling, informed consent, pre-vaccine screening and assessment, vaccine landmarking and administration, anaphylaxis recognition and response (including how to administer epinephrine).	
			Staff are wearing appropriate identifying name badges during the clinic.	

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CLINIC VENUE				
			There is a designated area at the site for management of clients with urgent medical problems (e.g., fainting).	
			There is a separate entrance and exit to the clinic space.	
			There are sinks available in the clinic for staff handwashing.	
			Fully accessible washrooms available for staff and clients.	
			A private area is available for those who need to be immunized in a private space.	
			The venue is large enough to allow for unidirectional traffic flow and 2 metre physical distancing requirements.	
			There is a sufficient quantity of chairs and tables available for clinic use.	
			The venue is fully accessible to those with physical limitations.	
			The venue has sufficient parking and is accessible by public transportation.	
			There is an appropriate quantity and placement of electrical outlets.	
			There is a secure space available to store clinic supplies.	
			Internet access and cellular reception are verified.	
CLINIC LOGISTICS				
			The venue is booked for the clinic.	
			There is a plan for clients to book appointments for the clinic .	
			There is a plan in place to manage and direct client flow through the clinic space.	
			If the clinic is drop-in, there is a plan for how to limit the number of clients in the clinic at all times and to manage crowds so that physical distancing can be maintained.	
			A screening form is prepared.	
			A consent form is prepared and includes vaccine contraindications.	
			If health care providers, other than physicians, are administering vaccine and/or epinephrine, a medical directive specific to the vaccine and a separate medical directive for epinephrine administration are prepared and signed by the appropriate medical professional(s).	
			Plans are in place for communication with clients who are non-English speaking (e.g. use of telephone interpreter services, staff who speak multiple languages).	
			An anaphylaxis emergency kit is prepared, and includes all recommended supplies: See Canadian Immunization Guide, Part 2: Vaccine Safety for recommended emergency kit contents.	
			The emergency anaphylaxis kit is on-site for the entire duration of the clinic and is placed in an area that is easily accessible to staff but not to young clients.	

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			There is a mechanism in place to report clinic incidents.	
VACCINE STORAGE AND HANDLING				
			Vaccines are stored and handled according to Ontario Vaccine Storage and Handling Guidelines and Protocols .	
			The amount of vaccine ordered and transported was limited to the amount needed for the clinic day.	
			Vaccines are transported and stored in appropriate storage equipment that maintains the vaccines between +2.0°C to +8.0°C temperature range (i.e., a portable vaccine refrigerator, active or passive hard sided vaccine cooler).	
			Vaccine temperature is being monitored and recorded throughout the clinic using a digital min/max thermometer or data logger.	
			Vaccines are being protected from light and excess humidity during the vaccination clinic, as per the manufacturer's package insert.	
			All vaccines were transported in the passenger compartment of the vehicle where environmental temperatures can be controlled (NOT in the vehicle trunk).	
			Upon arrival at the facility/clinic (either by shipment or transport), vaccines were immediately unpacked and placed in proper storage equipment	
			Upon arrival at the facility/clinic, vaccines were still within the manufacturer-recommended temperature range (i.e., between +2.0°C to +8.0°C for ALL refrigerated vaccines).	
			Upon arrival at the facility/clinic, expiration dates of vaccines and any medical equipment (syringes, needles, alcohol wipes) being used were checked, and they had not expired.	
			Vaccines are being prepared at the time of administration.	
			In the event of an adverse storage condition (ASC) (i.e., temperature departure below +2.0°C or above +8.0°C), the clinic lead are immediately informed for further action as needed. This will include contacting the York Region Public Health's Vaccine Inventory program at 1-877-464-9675, ext. 74033, Monday to Friday from 8:30 a.m. to 4:30 p.m.	
			If vaccines are deemed viable after an ASC, they are red-dotted and are to be used first regardless of expiry date.	
			If vaccines are deemed unviable after an ASC, they are quarantined and labelled "Do Not Use – ASC Wastage"	
			Vaccines are never transferred from one syringe to another	
			Multidose vials are being used only for the number of doses approved by the manufacturer.	
CLINIC SUPPLIES				
			Syringes (if not supplied in pre-filled syringes) and needles in a variety of lengths are available (5/8", 1", 1.5"). 25G x 1" needles are typically used for vaccine administration.	
			Adhesive strips	
			Alcohol swabs	
			Cotton balls	
			Optional: Instant ice packs (useful for clients with pre-syncope)	
			Emesis bags	
			Biohazardous sharps containers	
			Garbage bags for regular garbage	
			Lined biohazardous bins for disposal of full sharps containers and other biohazardous waste.	

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			Dental bibs or drapes for immunizing staff to create clean work surface	
			Hand sanitizer and medical grade disinfecting wipes	
			Fully stocked emergency kit	
			Screening forms and consent forms	
			Pens	
			Vaccine information sheets	
			Yoga style or gym mats for individuals who must be immunized lying down (e.g. history of fainting)	
			Personal protective equipment for staff (e.g. medical grade masks, gowns, gloves, face shields)	
			Clinic signage	
WASTE MANAGEMENT AND INFECTION CONTROL				
			A qualified individual has been designated to oversee infection control at the clinic.	
			Waste is appropriately segregated and disposed of	
			Appropriate personal protective equipment is provided to staff, including instructions on how to don, doff, and dispose of	
			Surfaces are disinfected according to provincial COVID-19 guidelines	
			Clients and staff are screened for COVID-19 prior to entering clinic space. Child screening tool . Adult screening tool .	
			Staff is using correct hygiene techniques to clean hands before vaccine administration, between clients, and anytime hands become soiled.	
			If gloves are being worn by staff administering vaccines, they are being changed and hands are being cleaned using correct hygiene techniques between each client.	
			Used needles and syringes are being immediately placed in a sharps container following administration. (Needles are NOT being recapped.)	
			All biohazardous material is disposed of appropriately	
			COVID related infection control guidelines are adhered to.	
VACCINE ADMINISTRATION				
			Vaccine Information Statements (VISs) are offered to every client, parent, or guardian before vaccination.	
			All clients are screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).	
			Informed consent is obtained from each client prior to vaccine administration.	
			Staff are following rights of medication administration.	
			A new needle and new syringe are being used for each injection. Needles and syringes should never be used to administer vaccine to more than one person.	
			Each staff member is administering only the vaccines they have prepared.	
			Vaccines are being administered using aseptic technique and following safe injection practices, as outlined in the Canadian Immunization Guide	
			If vaccine administration errors are observed, corrective action is being taken immediately.	
			Any persons with a needlestick injury, a vaccine administration error, or an urgent medical problem are being evaluated immediately and referred for additional medical care if needed.	
			Clients are being encouraged to stay at the clinic for 15 minutes after vaccination to be monitored for adverse events.	

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DOCUMENTATION				
			Each vaccination is being fully documented with name and date of birth of person vaccinated; name of vaccine, dose, vaccination date and time; lot number, expiry date, route and site, consent, pre-immunization assessment and health teaching completed, and name and designation of staff member administering the vaccine	
			Vaccine administration is documented according to CNO or CPSO or other appropriate regulatory body requirements.	
			Any adverse events following immunization (AEFI) are reported to York Region Public Health using the appropriate reporting form	
			All personal health information is placed in secured storage locations for privacy protection and is kept secure at all time according to PHIPA requirements	
			Clients are receiving documentation for their personal records and to share with their medical providers.	

Form Completed by (Full Name and designation): _____

Signature: _____ Date completed (yyyy/mm/dd): _____