

## Initial Facility Profile for Mass Immunization Clinic

Municipality	
<input type="checkbox"/> Cambridge <input type="checkbox"/> Kitchener <input type="checkbox"/> North Dumfries <input type="checkbox"/> Waterloo	<input type="checkbox"/> Wellesley <input type="checkbox"/> Wilmot <input type="checkbox"/> Woolwich
Facility Information	
Site Name:   Site Owner/Operator:	Street Address:   Postal Code:  Phone Number:
Facility Details: <input type="checkbox"/> Educational institution (school, university) <input type="checkbox"/> Church <input type="checkbox"/> Arena <input type="checkbox"/> Community Centre/Hall <input type="checkbox"/> Fire Hall <input type="checkbox"/> Other: _____	
Is the facility wheelchair accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the washrooms accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there onsite parking? <input type="checkbox"/> Yes (# of spaces: _____) <input type="checkbox"/> No	
Number of rooms available onsite (with 15 clinic table capacity): _____	
Cost for using the facility: _____	
Please describe the size of other rooms: _____ _____	
Vaccine/Equipment Supply Needs: Is fridge storage available: <input type="checkbox"/> Yes (full) <input type="checkbox"/> Yes (mini) <input type="checkbox"/> No	
Are there electrical outlets in the larger rooms? <input type="checkbox"/> Yes (# of outlets: _____) <input type="checkbox"/> No	
Does the facility have a backup generator? <input type="checkbox"/> Yes (for _____ hours) <input type="checkbox"/> No	
Is there a storage area for supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the storage area (location with respect to clinic rooms, size, etc): _____ _____	

APPENDIX 5

**Follow-Up Facility Profile for Mass Immunization Clinic**

Municipality	
<input type="checkbox"/> Cambridge <input type="checkbox"/> Kitchener <input type="checkbox"/> North Dumfries <input type="checkbox"/> Waterloo	<input type="checkbox"/> Wellesley <input type="checkbox"/> Wilmot <input type="checkbox"/> Woolwich
Additional Facility Information	
Site Name:  Site Owner/Operator:	Street Address:  Postal Code:  Phone Number:
Additional Facility Details:	
Can police secure the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (with modifications) <input type="checkbox"/> No
Are there separate entrances and exit points?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there alternate parking facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location and details of alternate parking facilities: _____	
Access to the Facility:	
Are there emergency transportation routes nearby? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the emergency transportation routes: _____ _____	
Is the facility accessible by public transit? <input type="checkbox"/> Yes (route #s: ____ / ____ / ____ ) <input type="checkbox"/> No	
Additional Concerns and Considerations: _____ _____	

APPENDIX 6

**Clinic Set-up and Design — Site Visit Check List**

Needs for clinic set-up	Availability/ Suitability	Comments
Adequate ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone access	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Janitorial staff – on site and available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Space for people to line up for reception/ screening area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinic reception/consent signing area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Line up area for immunization visually separate from immunizing area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Space for 15 - 20(more) nursing stations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tables and chairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vaccine preparation area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post immunization supervision area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visually separate area for post immunization supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recovery area for fainters or reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loading area for supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Storage area for supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Storage area able to be secured	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Secured storage area close to clinic area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Private rest area for staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Secure area for personal belongings, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**\*Please attach a map of clinic site design – for set – up purposes**

APPENDIX 7

**“Clinic in a Box” — Mass Immunization Supply**  
**List for 2000 Individuals\***

**Small Tote (Immunization Supplies)**

<b>Equipment /Supply</b>	<b>Quantity Required</b>	<b>Included</b>	
Laerdal Mask	5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood pressure cuffs (adult)	3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood pressure cuffs (children)	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stethoscopes	5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Screening questionnaires (laminated, one per table)	20	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epinephrine kits (alcohol swab, syringe and needle)	3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communications binder	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coordinator binder (to include anaphylactic fact sheet on dosage, medical directives, etc.)	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adverse reaction reporting forms	250	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incident report forms	100	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Moisturizing hand cream (100ml containers)	12	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Small Tote (Clerical Supplies)**

<b>Equipment /Supply</b>	<b>Quantity Required</b>	<b>Included</b>	
Pens (blue/black) and Pencils	30 ea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Highlighters	5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permanent black marker	3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Masking tape (rolls)	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paper towels	10	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scissors	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tape	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clipboards	20	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staplers	5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staples (5000/box)	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
File boxes (for signed consents)	10	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flip chart or white board	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell phones per clinic	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landline at site	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Large Tote**

Equipment /Supply	Quantity Required	Included	
3cc syringes with 25 G. 1 inch –needle (current supplier has attached needles) (100 per box)	20	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1 cc syringe (TB) (ped use) (100 per box)	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25 G 5/8” needles (ped use) (100 per box)	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25 G 1” needles (100 per box)	3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18 -20 G 1” needles (100 per box)	3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol swabs/preps (200 per box)	15	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gloves (vinyl) (100 per box)	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gloves – medium size (latex) (100 per box)	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol hand sanitizers 100ml bottles	25	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Absorbent paper table cover (48” X 36”)	25	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yellow/white garbage bags	20	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cotton balls (2000 per bag)	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Large green garbage bags (10 bags/box)	3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Garbage bins (if not provided by site)	15	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Band-Aids (100 per box)	20	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facial tissue (mini-wipes or 80 per box)	20	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunization consents and records	2300	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Biohazard sharps containers	30	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mats (if not provided by site)	5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fact sheets and promotion material for waiting area and recovery area	2300	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surgical/Procedure masks	5 to 8	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tables	20	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chairs	150	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vaccine supplies (diluent, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flu vaccine vials (9/10 doses per vial)	230	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice packs and covers	25	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cooler bags	25	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Juice boxes (pack of 10)	3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Antiseptic wash solution/bleach spray bottles for washing tables	10	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fact sheets (English)	2300	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fact sheets (other languages)	300	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Translated contra-indication	300	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signage for directions — placed in various locations on site	4 to 5	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* Quantities and information subject to change based on suppliers and further review as details become known.

APPENDIX 8

**Proposed Mass Immunization Clinic Staffing Plan**

<b>Position</b>	<b>Station</b>	<b># of staff required</b>	<b>Function</b>	<b>Responsibility/Experience Training/Skill set</b>
Site Manager	On site at clinic	1	Oversees administrative aspects of clinic – media management	Liaison with ICS/Clinic Management/ Administration
Clinical Leader	Clinical area	1	Oversees clinical aspects and running of clinic – resource person	Nursing / medical
Nurse Coordinator	Clinical area	1	Oversees nursing staff assigned – staff rotation, breaks	Nursing / medical
Security Coordinator	Clinical area	1	Oversees personnel assigned to security activities – public order and safety	Crowd control, traffic control,
Volunteer Coordinator	Clinical area	1	Oversees volunteer activity at the clinic site	Communication/language skills, public relations
Greeter/Screeners	Line up and waiting area of clinic	3	Greet and enquire about the presence of current symptoms – provide information forms - route to proper area	Communication/language skills, public relations
Registration Staff	Entrance area	3	Confirm eligibility and provide information forms and consents as needed	Communication/language skills, public relations
Health Screener	Triage area	3	Screen for medical/infectious process and assess for contraindications - route to appropriate area	Nursing/paramedical students

<b>Position</b>	<b>Station</b>	<b># of staff required</b>	<b>Function</b>	<b>Responsibility/Experience Training/Skill set</b>
Clinical Team Leaders	Clinical area	2	Ensures clinic is running smoothly, available for trouble shooting and answering questions	Nursing / medical
Immunization Assistants	Immunization area	2	Assist nursing/vaccine administrator with aspects of pre – and – post immunization (injection site location, removal of clothing)	Communication/language skills, public relations
Immunization Preparation/ Drawing Up	Vaccine preparation area	3	Prepare immunizations and maintain cold chain to nursing/vaccine administrators	Nursing / medical
Vaccine Administrators	Vaccine administration area	15	Administration of immunization, record keeping and sign off of consents	Nursing /medical
Data Forms Collector	Vaccine administration area	1	Collect immunization record forms and verify that forms are filled out properly and completely	Clerical skills (including computer skills) confidentiality agreement
Clinic Traffic Flow Staff	Vaccine administration area	1	Direct vaccine recipients through clinic flow process and monitor clinic flow, work with security, if situations arise	Communication/language skills, public relations
Security Staff (at entrance and registration)	Parking lot and entrance and in vaccine administration area	2	Ensure an orderly flow of traffic and parking at the clinic site and maintain orderly movement of vaccine recipients through clinic process, provide security of medication/clinic supplies – protection of site, fire, safety, theft	Trained in building safety and security

<b>Position</b>	<b>Station</b>	<b># of staff required</b>	<b>Function</b>	<b>Responsibility/Experience Training/Skill set</b>
Emergency Medical Personnel	On site during clinic operation – recovery area	1	Respond to medical emergencies including reactions ranging from serious anaphylactic shock to minor medical emergencies that are unrelated to vaccine administration	Physician/medical
Runners	Clinic area	1	Assist with communication between all functions of clinical set up – etc. bring supplies to vaccine administrators	Communication/language skills, public relations
Housekeeping/ Cleaning staff	On site	1	Maintain clean, antiseptic environment	Basic infection control knowledge
Other Personnel	On site	3	Help with clinic flow, and crowd management, child care area, interpretation of forms and information, food preparation, checking forms, traffic flow, etc.	Communication/language skills, public relations

## **Mass Immunization Clinic Operational Details**

### ***Coordination of Supplies***

Staff will be required to assist with packing supplies and equipment for daily transportation to clinic sites. When supplies are returned, staff, will be required to unload clinic materials and restock supplies and equipment for the following clinic site.

For further detailed information on staffing roles, please see Appendix below.

### ***Clinic Operations***

Clinic locations will ideally be customized to allow the flow and movement of people through the clinical area in a continuous free flowing manner. Ideally locations will have separate entrances and exits.

### ***Infection Prevention and Control/ Bio-Hazardous Waste Disposal***

Because of the numbers of people at immunization clinics, special attention to infection control will be required. All individuals will be asked to use alcohol based sanitizer before proceeding into the clinic. Staff at immunization stations will use alcohol-based hand sanitizer between each immunization. All surfaces will be cleaned with an appropriate disinfectant when visibly soiled and after each clinic. Routine precautions are used as a general principle, at all clinic sites and will be enhanced during the pandemic as required and recommended.

Clinic staff will be trained and advised regarding RoWPH policy and procedures on appropriate infection control measures and the handling and disposal of clinic bio-hazardous waste materials, including sharps. RoWPH will follow all legislated health and safety regulations to ensure staff and volunteer safety.

### **Clinic Flow Pattern and Immunization Clinic Set Up**

#### ***Road and Parking Lot***

The entrance to a site will be clearly marked with signage for entrance and exit points. Traffic control and management in the parking lot will be planned with appropriate security, based on current pandemic events. Clear signage will be posted in parking lot areas and at entrance doors so that those who are ill can self identify and exclusion can occur easily. Another strategy might include screening people in the parking lot, in their vehicles and directing them to local Flu Centres if they are ill.

A written synopsis of expected clinic set up and flow is as follows:

#### ***Entrance/Initial Contact/Reception Area***

Upon entrance to the clinic, greeters will direct individuals to registration tables and provide pandemic vaccine information. At the registration area, once eligibility for immunization is confirmed, consent forms and direction will be provided. Clients who present with overt signs of

illness will be screened and immediately separated into another area for a more in depth assessment, evaluation and appropriate redirection.

### ***Waiting Area/Triage Area***

After registration, individuals will proceed to a waiting or holding area where vaccine information can be read and consent form completed prior to proceeding to the immunization line up. A nurse or designate will be available in this area for any individuals having questions or concerns about the immunization. While awaiting immunization, individuals will be assisted to prepare for their immunization.

### ***Immunization Stations***

Immunization stations will be set up away from the general public flow of clients and each station will be identified by a clearly visible number. A volunteer will direct clients to immunization stations as they become available. At the immunization stations, nurses or designates will screen individuals for contraindications, address final concerns and ensure informed consent. The vaccine will be administered, final information and instructions provided, and documentation completed.

### ***Post Immunization Waiting Area/Recovery Area***

Clients will be directed to remain in this area for approximately 15 minutes after receiving their immunization to monitor for any unexpected adverse reactions. Qualified staff will monitor the flow of clients through this area and be available for emergency intervention as needed. Any clients showing signs of adverse reactions will be moved to a private, first aid area close to an exit for easy access in case of emergency evacuation. First aid equipment and an anaphylaxis kit will be easily accessible.

### ***Data Collection and Sorting Area***

Staff will collect consent forms and gather data for collating, counting and completing required reports and statistics for local and provincial authorities. This area will be located near the immunization area and will link with the registration area. Current information and technology systems will be utilized and will be the key to data management and collection efficiency. The ROWPH will keep updated with regional and provincial data management systems as they are developed.

### ***Education for Staff/ Training Manual***

Current plans for staff training and education involves yearly participation of Registered Nurses employed at RoWPH in mass immunization clinics. This provides for a yearly updating of immunization skills as well as anaphylaxis response.

A influenza training manual is available for mass immunization clinics and can be adapted for mass clinics in a pandemic. RoWPH will be responsible for the training of any designated staff required in this RoWPH mass immunization plan.

## **Documentation**

The consent form will become the client record for the purposes of documentation related to mass immunization administration. Documentation will be in accordance with legislative and College of Nursing Standards' requirements. Additional documentation of information will be added to the back of the consent form as needed. If additional note pages are required, these will be identified with the client's personal information and stapled to the consent form. Personal information collected under the appropriate legislative requirements and standards include:

- First name, surname and date of birth;
- Address and telephone number.

Nursing documentation will include:

- Relevant information that was collected during the screening process;
- Name of vaccine;
- Date vaccine administered;
- Route of injection and dosage;
- Site of injection;
- Vaccine lot number and manufacturer;
- Signature and professional status of nurse who administered the vaccine;
- Any unexpected response to the vaccine;
- Withheld vaccine and rationale, or documentation if a second injection required due to aspiration of blood or client movement during administration; and,
- Any unexpected incidents.

Individuals will be given a record of the immunization they received and advised that this will be their certificate of immunization and may be required for workplace and other possible "proof of immunization" requirements (i.e. for second dose).

The province is developing guidelines for a vaccination consent form and those guidelines will be incorporated into the local development of a consent form for use during pandemic influenza immunization clinics.

## **Logistical Management and Reporting of Statistics**

### ***Information and Technology***

An efficient information technology infrastructure will be integral to timely management of high patient volumes in mass immunization clinics. The RoWPH currently utilizes the following provincial databases: Immunization Record Information System, iPHIS, and the Biological Inventory and Order System (BIOS). Planning for enhancement to current information technology systems to increase efficiency of recording and data management related to mass immunization is ongoing at MOHLTC. ROWPH will continue to update and enhance IT infrastructure to keep current with provincial and local data management needs.