

COVID-19 Vaccine Clinic Planning Checklist

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Link: FNHA COVID-19 Resources for Health Professionals



Table of Contents

As Soon As Possible	3
When booking a clinic	5
Day Before Clinic	7
Day of Clinic	8
After the Clinic	9
Appendix A: Nursing Education and Certification for COVID-19 Vaccine Administration ONLY	10
Appendix B: Nurse Responsibilities upon Receipt of mRNA Vaccine (include labels)	
Appendix C: COVID-19 Vaccine Documentation eForm Access	12
Appendix D: Documentation Considerations for Second/Subsequent COVII Vaccine Clinics	
Appendix E: COVID-19 Vaccine Error Mitigation	14
Error Mitigation Tips	14
Appendix F: Product Kit List	17
Appendix G: Tracking COVID-19 Immunizations in Community	18

Community Clinic Planning

As vaccine rollout relies heavily on good collaboration, the roles and responsibilities will vary in each community and will be different in Communities that receive health services directly from FNHA and Communities with transferred health services. As seen in the tables below, the 'Responsibility' column provides examples of who may be tasked with the action item. As part of your Community's clinic readiness process, please take the time needed to identify the responsible people/roles. This document provides considerations for Communities that host their own clinics. When a Community collaborates with the Regional Health Authority (RHA) to host a vaccination clinic, there may be additional considerations than those found in this document. It would be prudent to connect with your RHA clinic partners ahead of time to ensure the clinic is planned to flow smoothly.



As Soon As Possible

Task	Task	Responsibility
#		
1	☐ Ensure your Immunization Certification is up to date. If you are a new immunizer, please ensure you have completed the required process to be	Immunizing Nurses
	certified to provide COVID-19 immunizations. See <u>Appendix A</u> for education requirements. Please email <u>immunize@fnha.ca</u> if you have any	
	questions about this process.	
2	☐ Ensure you are aware of how to navigate to the DST – the <u>BCCDC</u>	CHN
	Immunization Manual - online. If you have a paper copy of the DST, ensure	
	you are keeping this up to date.	
	☐ Ensure you are signed up to receive DST updates from cdc@fnha.ca .	
	Please email cdc@fnha.ca to sign up for this mailing list.	
3	☐ Ensure access to FNHA <u>Gathering Space</u> folder for Nursing resources related to COVID-19 vaccine administration:	CHN
	https://partners.fnha.ca/sites/HomeandCommunityCare/Immunization%2	
	OResources/COVID-19%20Vaccine%20Resources	
	If you are a Nurse working in First Nations Communities in BC and do not	
	have access to this folder, please follow these steps to request access:	
	Fill out the request form at this link:	
	https://www.fnha.ca/Documents/FNHA-Nursing-Services-Request-for-	
	Access-to-Gathering-Space.pdf	
	Send the completed form to <u>panorama@fnha.ca</u>	CLINI
4	 Ensure cold chain equipment is in good working order: Vaccine fridges: Please make sure your vaccine fridge has had regular 	CHN CHR
	maintenance checks. If you do not have a fridge that can maintain	CHK
	temperature in the event of a power outage (i.e. TempArmour), ensure	
	the vaccine fridge connects to a back-up generator. Ensure backup	
	generator is working and has fuel.	
	Temperature monitoring: Ensure calibrated data logger and min max	
	thermometer.	
	☐ Identify a plan for 24-hour monitoring and site process in the event of a	
	cold chain break. □ Ensure familiarity with additional temperature monitoring and tracking	
	required with mRNA vaccines. Refer to Appendix B for guidance.	
	☐ Ensure the most up to date <u>vaccine-specific cold chain standard</u>	
	operating procedures are posted near the vaccine fridge. Ensure vial labels	
	and labels for pre-drawn syringes of mRNA vaccine are accessible. Refer to	
	Appendix B for more information.	
5	☐ Ensure understanding of reporting process for cold chain breaks. In the	CHN
	event of a temperature excursion, complete the <u>BCCDC Cold Chain</u>	
	Incident Form and fax to your local RHA Public Health Unit. If you have	
	questions on how to manage exposed vaccine and where to report, please email immunize@fnha.ca .	
	eman <u>mimulizewima.ca</u> .	



Task #	Task	Responsibility
6	☐ Ensure familiarity with reporting Adverse Events Following Immunization (AEFIs). Send <u>AEFI Case Report Form</u> to the Regional Health Authority as per instructions found on this <u>AEFI Reporting Map</u> . Questions? Email: immunize@fnha.ca BCCDC Resources: http://www.bccdc.ca/health-professionals/clinical-resources/adverse-events-following-immunization	CHN
7	 □ Ensure there is a plan in place for post-vaccine monitoring and for emergency response. □ Identify where clients can call to report adverse reactions following immunization if the event occurs after the client has left the clinic. □ Ensure supplies are available for post-vaccine monitoring and emergency response. □ Stock anaphylaxis kits as per the instructions found in Part 3 of the BCCDC Immunization Manual. Check the expiry date of the vials and ensure additional epinephrine vials are available on site. □ Ensure vital signs machine/blood pressure cuff is available on site in the event of an anaphylactic reaction □ Ensure there is a mat/cot on site 	CHN CHR
8	☐ Ensure eForm access for documentation of vaccine and for verification of vaccine history. See <u>Appendix C</u> and <u>Appendix D</u> for more information.	CHN Admin
9	☐ Establish process for daily clinic safety huddles and implement interventions to mitigate errors ahead of hosting clinics. See Appendix E for error mitigation strategies. ☐ Ensure all immunizers are aware of incident reporting process. Nurses employed at FNHA direct service sites report through the Hailcista platform. Nurses employed in Communities providing transferred health services submit a paper incident reporting form to immunize@fnha.ca. Incident reports help inform education and error mitigation strategies.	CHN Community Health Lead
10	☐ Ensure there is an established internal process for tracking COVID-19 immunizations provided at your site. See Appendix G for some options to assist with tracking COVID-19 immunizations. Share the internal tracking process with all health staff in your community.	CHN Administrativ e Data Entry Support
11	☐ Define roles for non-immunizing support staff if they are available to support the clinic. Consider any training that might be needed for clinic support staff. Examples: PPE use, infection control practices, accessing records, data entry requirements, cold chain considerations (if applicable)	CHN CHR
12	□ Explore community engagement sessions / opportunities / plan for vaccination promotion. Explore strategies to build vaccine confidence and how to respond to misinformation on social media, etc. Refer to communication tools in the BCCDC COVID-19 Vaccination Toolkit for Health Professionals when engaging with community members • Immunization Communication Tool for Immunizers • COVID-19 Immunization Communication Tool	Community Health Lead CHN



When booking a clinic

Task	Task	Responsibility
#	Tusk	Responsibility
1	 Confirm clinic type Identify if this is a COVID-19 vaccination-only clinic or if other products be offered (i.e. influenza vaccine, school-program vaccines) Identify separation strategy for COVID-19 vaccine. It is NOT recommended that the same immunizer provide multiple types of COVID-19 vaccine for multiple indications during the same clinic. Each immunizer should be working with one type of COVID-19 vaccine, preferably for one indication (i.e. the Pediatric Pfizer for 5-11 year olds only). Refer to Appendix E for error mitigation strategies. 	Community Health Lead CHN
2	 Confirm vaccine details Is vaccine available for the planned date? What product(s) will you receive? When? How many doses? State of vaccine (frozen, thawed and if thawed how many days remaining to use) Please ensure Moderna or Pfizer Total Transport log is utilized to record thaw time and track time in transport. 	Regional FNHA Vaccine Lead Community Health Leads
3	 Confirm clinic location Consider suitability of site for Infection Prevention Control principles. Refer to guidance from BCCDC Confirm logistics: Hours of operation; amenities on site (vaccine fridge/space for coolers, washrooms, sink, etc.), keys, janitorial, tables and chairs 	Community Health Leads
4	 Confirm staff Confirm immunization-certified nurses are available for clinic Ensure immunizer certification is appropriate for the product they will be administering. Refer to Appendix A or email immunize@fnha.ca if you have questions. Pair experienced immunizers with new immunizers. Dedicate immunizers to tasks. Refer to Appendix E for more information related to error mitigation tips Confirm support staff/volunteers are available for clinic Greeters Screening for age/ booked appointments Data entry Post immunization monitoring Confirm Security is available Crowd management/line control Security of vaccines and immunization supplies Physical security of participants and staff Infection prevention and control (i.e. reminding individuals to abide by the current public health measures) 	Community Health Leads
5	☐ Confirm vaccine transport kits	CHN



Task	Task	Responsibility
#	1001	responsibility
	 Confirm CHN has a vaccine transport kit: insulated coolers, min/max thermometer, freezer packs, bubble wrap, foam or other protection methods for vaccine vials. Note: these supplies are required for mass clinic settings as well as during transport of vaccines Communities are responsible for supplying insulated coolers, freezer packs, min/max thermometers etc. for vaccines. If FNHA-employed Nurses at FNHA Nursing Stations and Health Centres need vaccine transport supplies, please go through normal supply request channels with the Nursing Admin. 	Community Health Lead
6	☐ Confirm ancillary supplies are on site ☐ Prepare kits for each vaccine indication. Refer to Appendix F for a list of items to include in the kit. *Note: Regional PPE hubs are receiving ancillary supplies such as needles, syringes (low dead volume syringes), swabs, Band-Aids, hand sanitizer, wipes, labels for pre-drawn syringes, etc. Put order request in with your PPE contact if supplies not already on site. Refer to Appendix B for links to labels if printing your own.	CHN Community Health Lead and Regional PPE Lead
7	 Advertise COVID-19 Vaccine Clinic FNHA fact sheets and FAQ's https://www.bccdc.ca/what-we-do/communicable-disease-control/coronavirus/covid-19-vaccine BCCDC Indigenous Community Resources http://www.bccdc.ca/health-info/diseases-conditions/covid-19/indigenous-communities-and-local-governments 	Community Health Lead
8	 Book appointments Allot 30 minutes or more for each appointment, and factor in 15-30 minutes of observation time. Booked appointments are highly recommended for immunizing the pediatric population. Assess whether clients require accommodations at the clinic for a positive immunization experience. For example, a low stimulus vaccine clinic with reduced levels of noise, lowered lighting/sunglasses, easily disinfected calming toys etc (or if they can bring their own) may be helpful for some children. See sample poster for low stimulus vaccine clinic on the FNHA Gathering Space COVID-19 Vaccine Resources folder, under the heading of Clinic Planning. Share tips for reducing pain, stress, & anxiety with vaccinations and resources with families like the CARD system for a more positive immunization experience. Complete BCCDC COVID-19 Vaccine Screening Checklist for scheduled clients to ensure smooth process on clinic day and to confirm the number of doses of each product required For 'subsequent dose' clinics: Ensure you have verified information regarding initial dose(s) for scheduled clients. See Appendix D for more information When booking, ask whether the client experienced any reactions following their previous dose(s) that impacted daily activities or where they sought medical attention. Assess need for CHN to report AEFIs. 	CHN and team



Task #	Task	Responsibility
	If AEFI previously reported for client, ensure recommendations from Medical Health Officer/RHA are reviewed prior to booking client	
9	 Arrange picking up doses, if applicable If picking up from RHA on the day of your clinic, relay this information to your RHA contact the day before so they can prepare the correct number of vials for pick up and confirm pick up time Refer to Appendix B for CHN responsibilities when receiving mRNA vaccine 	CHN

Day Before Clinic

Task	Task	Responsibility
#		
1	☐ Confirm vaccine availability, clinic space, site logistics, staffing, ancillary	Community
	supplies	Health Lead
	☐ Ensure labels for mRNA vaccine vials and pre-drawn syringes are	
	accessible. Refer to Appendix B for links to labels if printing your own.	
2	☐ Confirm live access to eForm to review client's vaccine history and	CHN
	document doses. eForm access expires every 90 days.	
3	☐ Confirm Transport Carrier ready if picking up from RHA	Community
	• Clean cooler, put cold packs in freezer, pack protective materials (foam,	Health Lead
	bubble wrap, etc.)	
	• Review product specific transportation guidelines linked from the <u>FNHA</u>	CHN
	Gathering Space COVID-19 Vaccine Resources folder	
	• Ensure Moderna or Pfizer Total Transport log is printed	
4	☐ Send out reminders to scheduled clients	Community
		Health Lead



Day of Clinic

Task #	Task	Responsibility
1	 Confirm vaccine is available and useable. Review label on vaccine vials (if already applied) and the Moderna or Pfizer Total Transport log to ensure vaccine is not expired and has not exceeded time allowed at fridge or room temperature *If picking up vaccine from RHA, ensure you are monitoring vaccine temperature and recording the travel/temperature on the Moderna or Pfizer Total Transport log. 	Community Health Lead CHN
2	 Complete daily clinic check-in and role confirmation with all staff Clearly define clinic flow, assign staff for various products and dosages, and discuss error prevention strategies. Refer to Appendix E Ensure immunizers have completed appropriate courses and have completed sign-off on appropriate Immunization Skills Checklist. Refer to Appendix A for more information. Provide each immunizer with appropriate kit for the product they are administering. Refer to Appendix F for list of items to include in kit Ensure the current version of the decision support tool (DST) - the BCCDC Immunization Manual - is accessible at each immunizer's station. Review any recent changes to the DST for the COVID-19 vaccine products as a group prior to the start of the clinic. Print the vaccine product pages from the DST on the day of the clinic or use directly online. Review importance of applying labels to all COVID-19 vaccine vials, multi-dose influenza vials, and pre-drawn syringes of COVID-19 vaccines. Refer to Appendix B for links to labels if printing your own. Identify how immunizers will keep track of number of punctures for Moderna vials (cannot exceed 20 punctures for 0.2mg/ml Moderna Red Vial Cap (and cannot exceed 10 punctures for 0.1mg/ml Moderna Red Vial Cap). E.g. one immunizer per vial - use a tally sheet and/or dedicate 10 or 20 syringes per vial. Confirm emergency management plan (AEFI/Anaphylaxis) with all immunizers and support staff. Identify who will be responsible for following up with adverse events following immunization if they occur after the clinic. This step is especially important if the immunizers are not local community providers. This individual will need to be available to submit AEFI reports and liaise with the client upon receipt of MHO recommendations. Ensure all immunizers have aftercare information accessible to provide to clients. Ensure all immunizers are aware of the callba	Lead CHNs have routine immunization certification & experience immunizing all age groups)



Task	Ta	sk	Responsibility
#			
	•	Ensure immunizers have access to the <u>tally sheet</u> if this is utilized at	
		your clinic. For more information, please refer to <u>Appendix G</u>	
	•	Ensure all staff are aware of incident reporting process.	

After the Clinic

Task	Task	Responsibility
#		
1	 Ensure copies of submitted eForms are securely kept and organized by clinic date for your Community records. Do not shred. If utilizing downtime forms, please ensure all forms are accounted for and promptly entered into the eForm system after the clinic. If your team has arranged to work with the FNHA Panorama team for data entry, please ensure the downtime forms are faxed to the FNHA Panorama team confidential fax line: 604.693.3199 	CHN
2	☐ Ensure any remaining vaccine is appropriately labeled and secured in a vaccine fridge. Refer to Appendix B for links to labels if printing your own. Document any relevant temperatures and timelines on the Moderna or Pfizer Total Transport log if needed. Ensure that vaccine that is no longer usable (Moderna vial exceeded max number of punctures; exceeded time allotment at room temp) is discarded as biomedical waste.	CHN



Appendix A: Nursing Education and Certification for COVID-19 Vaccine Administration ONLY Summary Table

	. ,
New Immunizing Nurses	Experienced Immunizing Nurses
Complete FNHA Immunization Competency Program Registration Form and email immunize@fnha.ca	Ensure current immunization certification in BC. (If immunization certification has lapsed, please email immunize@fnha.ca to discuss extensions/renewals.)
Complete <u>BCCDC COVID-19 Immunization</u> <u>Competency Course for Nurses</u> on LearningHub¹ (3 hours)²	

All Immunizing Nurses

Complete BCCDC COVID-19 Immunization Webinars on LearningHub

- COVID-19 Vaccine Overview (17 minutes)
- COVID-19 mRNA Vaccines (24 minutes)
- COVID-19 Viral Vector Vaccines (15 minutes)
- Cultural Safety and COVID-19 Immunization Clinics (14 minutes)
- Protein Subunit COVID-19 Vaccine Webinar (10 minutes)

Complete <u>BCCDC COVID-19 Immunization for Older Children and Adolescents Course</u> on LearningHub (45 minutes)

Complete <u>BCCDC COVID-19 Immunization for Children 5-11 years of age Course</u> on LearningHub (1 hour)

- > Part 1 (available as of October 25, 2021)
- > Part 2 (available as of November 19, 2021)
- Knowledge Check

Complete <u>BCCDC COVID-19 Immunization for Children 0-4 years of age Course</u> on LearningHub (1 hour)

- Part 1 (available as of June 30, 2022)
- Part 2 (available as of July 25, 2022)
- Knowledge Check

Please note the <u>COVID-19 Immunization Skills Checklist</u> has been updated. Immunizers providing COVID-19 vaccine ONLY *and* those that do not have experience providing routine immunizations to children younger than 5 years of age must:

- 1. Observe an experienced peer provide COVID-19 vaccines to 2-3 individuals under the age of 5 in preparation for sign-off.
- 2. Obtain repeat sign-off on the updated <u>COVID-19 Immunization Skills Checklist</u> with an FNHA-designated Skills Checklist Assessor.

Please contact your Community Health Practice Consultant if you are unable to identify support for your repeat sign-off.

¹ The courses noted here are available on LearningHub. Nurses that do not have access can register for LearningHub as an FNHA affiliate.

²The <u>BCCDC Immunization Competency Course</u> is recognized as the provincial standard for the education and assessment of <u>Immunization Competencies for BC Health Professionals</u>. FNHA strongly recommends completion of the full immunization competency process for all immunizers working in First Nations Communities across British Columbia. Completion of the full immunization competency process will allow immunizers to provide routine vaccines (including influenza, pneumococcal, and shingles vaccines) along with COVID-19 vaccines during clinics.



Appendix B: Nurse Responsibilities upon Receipt of mRNA Vaccine (includes links to labels)

- ☐ Confirm date and time of when vaccine was removed from freezer and length of time in transport. Record on mRNA Vaccine Total Transport Log. Moderna Link | Pfizer Link
- ☐ Confirm vaccine did not break cold chain during transfer
 - Review TempTale data. For instructions on TempTale use, please see User Manual: https://www.sensitech.com/en/support/user-manuals/
 - o If vaccine went outside of 2-8 degrees Celsius, follow existing cold chain reporting process
 - o Do NOT confirm clinic appointments until vaccine is cleared for use by Regional Health
- ☐ Remove vials from cooler, label with vial stickers indicating expiry date
 - o Pfizer Adult/Adolescent Vaccine Shipping, Storage, Thawing and Use Guidelines
 - o Pfizer Pediatric Vaccine Shipping, Storage, Thawing and Use Guidelines
 - o Moderna Vaccine Shipping, Storage, Thawing and Use Guidelines
- ☐ Place vials in vaccine fridge connected to backup generator
- ☐ Ensure BID mix/max thermometer checks are being done and that there is a functioning data

logger		
Moderna vial label	Removed from Freezer:	The state of the s
Pfizer vial label	Removed from Freezer:	See above for example application of vial labels so as to avoid covering up relevant information
mRNA syringe label for pre- drawn syringes - 12+	COVID 19 mRNA Vaccine:	
Pediatric mRNA syringe label for pre-drawn syringes	Pediatric COVID 19 mRNA Vaccine: □ Pfizer 5-11 0.2mL IM (10mcg) □ Moderna 6-11 0.25mL IM (50mcg) Vial Lot number: Vial reconstitution/puncture date and time: Syringe expiry date and time: Syringe prep by (initials and designation):	
Mini-pediatric mRNA syringe label for pre- drawn syringes	Mini-Pediatric COVID 19 mRNA Vaccine:	



Appendix C: COVID-19 Vaccine Documentation eForm Access

All COVID-19 vaccines must be documented using the eForm. Please do not enter COVID-19 vaccines into Panorama directly

Steps to be sure to have in place:

- 1. Have CHROME web browser on your computer
 Please ensure that you are using Google Chrome and have enabled popup and turned off auto
 populate. Please follow the directions on the eForm training guide (Must complete all steps)
- 2. Get the BC Service Card app on your phone if your Community does not receive health services directly from FNHA.

See FNHA Gathering Space Vaccine Resources folder for information: https://partners.fnha.ca/sites/HomeandCommunityCare/Immunization%20Resources/COVID-19%20Vaccine%20Resources

- 3. If you have not been enrolled yet, please send a completed enrollment form to panorama@fnha.ca so the Panorama team can enter you as a user. To find this enrollment form, please visit the FNHA Gathering Space COVID-19 Vaccine Resources folder. **Please enter all users in your community on one form so we can submit as one document**. We can also add users at a later time.
- 4. The site to document in the eForm is found at this link: https://www.eforms.phsaehealth.ca
- 5. Please review the training guide, FAQ, and links to PHSA resources and training videos (found on the <u>FNHA Gathering Space COVID-19 Vaccine Resources</u> folder)

Collaborating with the Regional Health Authority

Please note: The RHAs have moved to a different documentation platform, whereas Community Health Nurses (CHN) working in First Nations Communities will continue to utilize the eForm system.

Questions?

Please reach out to your Regional Practice Consultant if any support is required or contact panorama@fnha.ca



Appendix D: Documentation Considerations for Second/Subsequent COVID-19 Vaccine Clinics

Verify initial dose(s) of COVID-19 vaccine when planning for subsequent/booster dose clinics.

Many of the clients presenting at subsequent/booster dose clinics will have received their first dose(s) in the same Community. However, some clients presenting at subsequent dose clinics may have received their previous dose(s) elsewhere and may not be in your Community's records. Please verify the date of previous dose(s) and the product these clients received **prior to** scheduling subsequent dose appointments.

Please note: A designated lead Community Health Nurse likely receives a line list from the FNHA Panorama team containing COVID-19 doses administered at your Service Delivery Location (SDL). The line list contains dose history for clients up to the date that the line list was generated and ONLY contains doses administered at the specified SDL and correctly submitted into the system. The FNHA Immunization team does not recommend utilizing the line list to confirm client dose history. It is up to the immunizer to ensure they have the client's complete vaccine history in order to determine eligibility and spacing for the subsequent dose prior to immunizing.

Here are some ways to verify information regarding a client's initial dose(s) of COVID-19 vaccine:

- 1) **eForm system**
 - a) **Real-time eForm use at the point of care is best practice.** By using the eForm system to complete general checks for immunization administration, the provider will be able to see information regarding the previous COVID-19 vaccine(s) (product type and date administered) while confirming the client's demographic information and SDL.
 - b) If real-time eForm use is not available at point of care, the provider should check the eForm system a few days prior to the scheduled clinic in order to verify subsequent dose eligibility.
- 2) **Verification through Panorama (PIR)**. Panorama charts are up to date for individuals that received COVID-19 vaccine at any SDL if there were no errors in the eForm/ImmsBC submission.
 - a) If you have direct access to Panorama (PIR) but not the eForm system, please check their immunization profile in Panorama.
 - b) If you do not have direct access to or are unable to access Panorama (PIR) or the eForm system, email the Panorama team to ask for verification.
 - Email urgent inquiries to panorama@fnha.ca with the subject line "Urgent Dose Verification C-19". Please state in the email if a callback is preferred over an email for expediting response.
 - The Panorama team will look up the immunization profile and email or call back with dose verification.

IMPORTANT: eForm account access will be locked/deactivated if a user has not logged in or accessed the account for 90 consecutive days. Please ensure to test log into your eForm account at least a week prior to any clinics to ensure you are able to login successfully. If you require any further assistance, please contact us at panorama@fnha.ca.

Please refer to the COVID-19 Immunization Entry eForm FAQ for more information. The FAQ includes documentation considerations when there are shared immunization clinics with the local Health Authority staff. The FAQ is found under the heading 'Documentation' in the <u>COVID-19 Vaccine</u> <u>Resources folder</u> on the FNHA Gathering Space.



Appendix E: COVID-19 Vaccine Error Mitigation

The purpose of this appendix is to highlight common COVID-19 vaccine errors and share ways to mitigate them.

Health care sites may be managing up to multiple vaccine indications including:

- 1. Primary series
 - a. 3-dose primary series for moderately to severely immunosuppressed
 - b. 12+ 2-dose primary series (Moderna & Pfizer)
 - c. 5-11 2-dose primary series (Pfizer preferred) or 6-11 2-dose primary series (Moderna)
 - d. 6m-4y 2-dose primary series (Moderna)
- 2. Booster doses
 - a. 0.5mL booster with Moderna vaccine
 - b. 0.25 mL booster with Moderna vaccine
 - c. 0.3mL booster with Pfizer vaccine
- 3. Influenza vaccine (all ages)

This increased complexity raises the opportunities for errors. The most common or anticipated error is the **client receiving the incorrect vaccine**.

Error Mitigation Tips

Carefully reviewing clinic set-up and clinic flow is key for error mitigation. RHA mass clinic sites dedicate specific areas, tables, nurses, and/or screeners to separate products and indications appropriately and clients are repeatedly confirmed for what vaccine they should be receiving. Rural and remote sites may not have the space or resources to implement similar separation and multiple layers of confirmation.

To mitigate risk of errors, we strongly recommend that immunizers do not concurrently administer multiple COVID-19 vaccine products for multiple indications. **Identify a separation strategy for your clinics.** Consider separating by time of the day or week or by immunizer if you have capacity. (i.e. will all immunizers provide COVID-19 vaccine for one indication only during the allotted time or will there be different immunizers assigned to different products/indications?). The most appropriate level of separation will vary by site and community needs. Please consider administering multiple products only if there is enough space and human resources to clearly implement separation and when more than one person can validate/confirm correct vaccine for clients.

Examples:

- One immunizer providing Moderna vaccine for 6m-4y/o and another providing Pfizer for 5-11
- One immunizer providing 0.5mL boosters and primary series with Moderna vaccine, another immunizer providing 0.25mL boosters with Moderna vaccine, another immunizer providing 0.3mL Pfizer primary series and boosters for 12+, another immunizer providing pediatric Pfizer (5-11) vaccine
- Adults Moderna 1st, 2nd, 3rd doses from 9-11am, then Adults Pfizer from 12-2pm, then Pfizer Pediatric 5-11 from 3-5pm.
- Monday Adults Moderna, Tuesday Pfizer Adults, Wednesday Pfizer Pediatrics.

The following pages contain examples of errors and mitigation strategies gathered from FNHA reports, Regional Health Authorities' reports, ISMP Canada Safety Bulletins, and ISMP Frequently Asked Questions about COVID-19 Vaccines. Please reference the following table when planning your clinic to identify strategies that can be implemented at your site.



Error	Examples	Error Mitigation Actions									
Storage and Handling											
Vaccine stored or transported outside of recommended temperature range.	 Product refrozen once thawed, resulting in vaccine wastage. Power outage resulted in vaccine wastage. 	 Prior to transporting vaccine, ensure there is direct communication between senders and receivers about the product and thaw information. Utilize Moderna or Pfizer specific Total Transport Log. Clearly label all vials with thaw date and time. Refer to Appendix B for links to labels if printing your own. Separate vials by type when storing. Ensure the most up to date vaccine-specific cold chain standard operating procedures are posted near the vaccine fridge. Ensure there is plan to maintain cold chain in the event of a power outage. 									
	Clinic Screening										
Eligible Clients Not Offered Vaccine	Client recovered from COVID-19 was not offered vaccine	 Immunizers to review the DST – specifically the relevant <u>BCCDC Immunization Manual Biological Product</u> pages - prior to start of clinic & have on hand throughout clinic, with particular attention to eligible populations Ensure immunizers are signed up to receive emails from <u>cdc@fnha.ca</u> for important practice updates and aware to email <u>immunize@fnha.ca</u> if there are questions about eligibility. 									
	Vaccine Preparation										
Incorrect vaccine dilution for Pfizer vaccine	 Pfizer prepared with too little volume of diluent Pfizer prepared with too much volume of diluent Pfizer prepared with no dilution, syringe was filled with air instead of normal saline 	 If your site will be handling both Pfizer and Modern vaccine, separate the vaccine and create specific kit for each indication. See Appendix F for more information regarding kit contents. When preparing the vaccine, dedicate a space when only one vaccine / kit is on the table and only one person is preparing the vaccine. Wherever possible only pre-draw one vial at a time. Vaccine dilution/preparation instructions should be visible and referenced with each vial. Utilize a second person check for correct diluent volume in syringe prior to injecting into vaccine vial. 									



Incorrect vaccine drawn up	Significant bubble in syringe causing administration of less than intended volume Pfizer vaccine labelled as Moderna or vice versa Syringe drawn up with normal saline instead of vaccine	 Same actions as above Use low dead volume (LDV) syringes and needles Label all pre-drawn doses immediately. Refer to Appendix B for links to labels if printing your own. When gathering syringes and needles for preparing vaccine, only gather enough material to draw up one vial. It makes it easier to detect that an error is present if the number of syringes/needles used doesn't match the intended number of doses for the vial.
	Vaccine	Administration
Administered dose at less than minimum/ recommended interval	Client received first dose from RHA and so first dose is not on the list; client states received vaccine a month ago but misremembers the date Client received booster dose too early	 Review client vaccine history using the live eForm tool or the PIR/Panorama - this allows the immunizer to view immunizations given at other locations with real time information on documented doses Ensure immunizers are referencing appropriate biological product pages to determine appropriate intervals between vaccines, paying close attention to relevant footnotes
Administered wrong product/dose for the age group	 Pre-drawn syringes for multiple age groups placed near each other Syringes not labelled or label not checked Child looked older and DOB was not confirmed by nurse Siblings provided incorrect product for age 	 Develop a plan for segregating and storing adult and pediatric COVID-19 vaccines in refrigerators and coolers so these are organized and properly labeled. Store the adult (12 years and older) and pediatric (5-11) and mini-pediatric (6m-4y) COVID-19 vaccines apart from one another, such as in separate labeled plastic bins. Confirm DOB and age of client when booking appointments At start of clinic, write on poster/display board date of birth range for that clinic indication. Apply labels to vaccine vials and pre-drawn syringes, ensuring product information is clear visible and legible. If possible, have screeners verify date of birth Immunizing nurse should always confirm date of birth. Involve the parent or client in verifying the vaccine by reading the vial label or pre-drawn syringe label to confirm the correct vaccine. Confirm dose amount and dose concentration being mindful that the same dose amount could contain different concentration depending on product Manage noise levels and work with colleagues to limit distractions during clinic. Some have found it helpful to request assistance from clinic support staff when immunizing large families and/or multiple siblings



Documentation								
Incorrect documentation	•	Documented vaccine administration on the wrong client as the name were similar	 If documenting directly into eForm system, complete search using PHN and then confirm details match (name/DOB/etc) If completing a downtime form, document all indicated information on form and ensure it is legible – if details do not match upon attempt to enter into eForm system, follow-up with client to confirm the details prior to submitting into eForm system Immunizers should review the community line list or the client charts to ensure that all administered doses appear correctly in the system (regardless of whether the doses are documented by administrative staff or the care provider) 					

Appendix F: Product Kit List

The following is in addition to current processes used to set up your clinic. Create a kit for each product/indication in an appropriately sized container to keep all below items.

- 1. Part 1: Clinic Table/Area
 - a. Name of Product and Indication as display sign. Include date of birth range, if appropriate.
 - b. Product and lot # written down, ready for documentation on paper or computer record.
- 2. Part 2: Vaccine Preparation
 - a. Based on the estimated number of vials needed for the clinic, prepare diluent (if needed), syringes and needles for diluent (if needed), syringes and needles for doses, alcohol swabs, labels for pre-drawn syringes, appropriate pen for labelling and documentation
 - b. Instructions for how to prepare the product for specific indication
- 3. Part 3: Additional Reference Materials
 - a. <u>HealthlinkBC file for COVID-19 vaccine</u> and/or <u>relevant posters</u>
 - b. BCCDC COVID-19 Vaccine Aftercare Sheet
 - c. BCCDC Vaccine Screening Checklist
 - d. BCCDC COVID-19 Vaccine Eligibility table
 - e. Appropriate and current BCCDC DST pages
 - f. Wallet cards to provide to clients



Appendix G: Tracking COVID-19 Immunizations in Community

eForm submissions continue to be the required documentation tool for COVID-19 clinics in First Nations Communities. However, upon submission of the eForm, the Community should also securely retain a record of their COVID-19 clinics. There have been scenarios where downtime forms are missed or entered incorrectly and doses do not appear in Panorama or do not appear correctly. For this reason, it is important that there is an established internal process for tracking immunizations provided so the information is not lost in the event that remediation is required.

Options:

- Securely store downtime forms (or printed PDF copies of the eForm)
- Utilize alternative internal documentation system used in your Community (i.e. secured spreadsheet or master list)
- <u>COVID-19 Immunization Clinic Tally Sheet</u> which you may choose to use if your community does
 not already have an internal documentation system in place (See next page for sample please print in Legal size)

Please note: Internal tracking is not considered legal immunization documentation. eForm submission continues to be the required documentation tool for COVID-19 clinics in First Nations Communities

Please share the internal tracking process with all health staff in your Community.

COVID-19 Immunization Clinic Tally Sheet

Purpose: This form can be used to track COVID-19 immunizations administered at your site. It is **not** a legal form of documentation and does not replace the eForm or Imms BC systems, or any other reporting requirements. Store this tally sheet in a secure location per privacy regulations. If you have questions about securely storing this tally sheet, please email <u>panorama@fnha.ca</u>
*3rd dose: for people who do not develop the same immune response to the first two doses of the vaccine, a third dose is needed to get a similar level of protection as others in the population.

**Booster dose: an additional vaccine given later if the protection from the primary vaccine series begins to decrease over time. A booster gets immunity back up to a desirable level of protection for an extended period of time.

Provider's name ______ Clinic Location (SDL) ______ Community ______ Date of Clinic _____ Nurse Lead ______

First Name	Last Name	DOB	PHN *If PHN is not readily available, please see eForm FAQ for instructions on how to perform a PHN search and/or create a client PHN right away.	Reason		Vaccine				Dose				
		YYYY/MMM/DD												
			amuoi creace a chent Privinght away.	Pandemic Priority Population	Other: Specify	Brand: Lot #	Brand: Lot #	Brand:	Brand:	1 St Please indicate dose in mLs	2nd Please indicate dose in mLs	*3rd Please indicate dose in mLs	**Booster Please indicate dose in mLs	**Booster Please indicate dose in mLs
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