

Infection prevention and control guidance

Community immunization clinics

This guidance outlines the infection prevention and control (IPC) measures required for the set-up and safe operation of immunization clinics in community settings (e.g., community pharmacies, public health units, schools, community centres, arenas).

Passive entrance screening

- All [health-care workers and staff](#), and [clients](#) must screen themselves for signs and symptoms of viral respiratory illness (VRI), such as influenza, SARS-CoV-2 or respiratory syncytial virus.
 - These signs and symptoms include but are not limited to cough, fever/chills, sore throat, shortness of breath, vomiting*, or diarrhea*.
 - *May be present in some patients with VRI, especially children.
- Clients who have VRI symptoms should stay home until their fever (if present) has resolved and they feel well enough to participate in daily activities.
- Immunization clinics within health-care facilities must follow provincial IPC and medical mask requirements. In other settings, such as schools and community centers, clients are encouraged to wear a mask at their discretion and based on their comfort level.

Clinic layout and supplies

Set up the clinic as follows:

- Provide hand hygiene stations at entrance and exit points, registration desks, immunization stations, after care areas and for general use.
- Set up signage for passive VRI screening of all individuals entering the clinic at each designated entry point.
- Have a separate area for processing people who require extra support (e.g., a person who is unable to wear a mask because of a physical, behavioural or cognitive impairment or health condition).
- Use [signs and posters](#) to promote IPC practices such as respiratory and hand hygiene.
- Maintain existing physical barrier(s) installed during the COVID-19 pandemic if they do not impede normal operations.
- Respect personal space and avoid overcrowding.

Ensure equipment and supplies are available:

- Alcohol-based hand rub (ABHR) with 70% alcohol content and/or hand hygiene sink(s) with soap and water.
- Cleaning and disinfection wipes that have a drug identification number from [Health Canada's approved list of hard-surface disinfectants](#).
- Sharps containers at all immunization stations.
- Personal protective equipment (PPE) as required (e.g., medical mask, gloves, and eye protection). Provide a medical mask to clients who ask for one.
- Tables and chairs with cleanable surfaces (e.g., non-porous and smooth, free of cracks and crevices, can withstand frequent cleaning and disinfection).

Staff safety

Self-screen for symptoms of VRI before each shift, in accordance with employer communicable disease plans. Stay home if you are feeling sick or experiencing signs and symptoms of VRI. Follow measures outlined in the [VRI health-care worker self-check and safety checklist](#).

Hand hygiene:

Perform frequent hand hygiene using ABHR or soap and water. Perform hand hygiene between every client interaction, between breaks, before wearing PPE, after removing each piece of PPE, after using the washroom, and any other time hands are potentially contaminated.

PPE for staff:

- Clinical and non-clinical HCWs, volunteers and others must wear a medical mask when providing care for a client in health authority-operated community immunization clinics. Pharmacists providing immunizations should follow guidance from their regulatory college.
- Immunizers should wear gloves when administering intranasal influenza vaccine.
 - Conduct a [point-of-care risk assessment](#) to determine if any additional PPE is needed.
- If gloves are worn, they must be changed in between each client. Perform hand hygiene after removing gloves.
- Non-client-facing roles (e.g., custodial or administrative) in community settings should follow their organizational communicable disease prevention plan on the use of masks and other PPE.
- Review the information on appropriate use of [PPE](#), including how to wear a medical mask and proper donning and doffing of PPE.

Cleaning and disinfection

Ensure proper cleaning and disinfection of surfaces.

- Clean and disinfect immediate work and client area after each client leaves the immunization station.
- Use friction action and move from clean to dirty areas.
- Clean and disinfect commonly touched surfaces twice a day and as needed.
- Clean and disinfect public washrooms twice a day and as needed.
- At the end of the day:
 - Clean and disinfect:
 - Tables and chairs
 - All other horizontal surfaces or commonly touched surfaces
 - Physical barriers (e.g., dividers or screens, if used)
 - Transport coolers and equipment
 - Ensure biomedical waste is properly collected and disposed.
- See the [environmental cleaning and disinfection for clinic settings](#) poster for more information.

Resources

Government of Canada. "[Hard-surface disinfectants and hand sanitizers \(COVID-19\): List of disinfectants with evidence for use against COVID-19](#)"

Provincial Infection Control Network of British Columbia. "[British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Healthcare Settings and Programs](#)"

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