

8.0 Setting up Clinics

Contents

- 8.1 Well Child Clinic
- 8.2 School Based Immunization Program
- 8.3 Community Immunization Clinics
 - 8.3.1 The clinic venue
 - 8.3.2 Staffing
 - 8.3.3 Safety
 - 8.3.4 Consent
 - 8.3.5 Vaccine Administration
 - 8.3.6 Communications
 - 8.3.7 Supplies and Equipment

8.0 Setting Up Clinics

8.1 Well Child Clinic

Structuring Well Child Clinics

In Nunavut, the primary series of childhood immunizations has been structured to coincide with routine well child clinics. These clinics may be structured differently in each community, but they encompass a common theme and equal responsibilities for the practitioners.

The well child clinics are routinely scheduled for infants receiving their primary immunizations at 1, 2, 4, 6, 9, 12, 15, and 18 months of age. The booster immunizations are routinely scheduled for children at 2-3 years of age and at 4-5 years of age (preschool). These dates coincide with the routine immunization schedule. It is the responsibility of the immunization provider to screen for contraindications or reasons to delay at each visit and to ensure informed consent prior to giving the vaccines.

It is recommended that each community keep a ledger or register to track the infants in the community and when they are due for their next immunizations. When a child is in for a scheduled appointment, it is recommended that their next appointment be scheduled with an appointment card given to the parent or guardian. When a child moves to another community in Nunavut, it is crucial to notify the health center in the community where the child is moving and to fax a copy of the immunization record to the community, so that the child can remain on schedule for all immunizations.

Strategies for Keeping Children on Schedule

It is important that children remain as close as possible with the routine immunization schedule. When a child is off schedule for immunizations they are at increased risk for becoming seriously ill with diseases that are completely preventable with completion of their primary series of immunizations. Some factors, such as parent or guardian willingness to bring the child to the health center, are completely out of the control of the immunization provider. However, there are several things that immunization providers can do to ensure that children are immunized as close as possible to the routine schedule:

- Immunize at every possible opportunity. Every clinic visit is an opportunity to assess immunization status.
- Mild illness (such as a cold) is not a reason to delay immunization.
- Keep track of the children in the community and ensure that they have received immunizations on schedule.
- Education is key. Inform parents and guardians on the benefits of immunization and the risks of contracting these vaccine preventable illnesses.
- Schedule a child for their next appointment when they are in the health center as it is sometimes difficult to reach families at home to make them aware of their next appointment.

For children who are off schedule, refer to the Nunavut Immunization Catch-up Aid for Children Up to 18 Years of age. It is strongly recommended that children who are very behind on immunizations receive all eligible vaccines at each opportunity. It is safe and recommended for

children to receive all eligible vaccinations at one time, using different syringes and needles at different anatomical sites.

8.2 School Based Immunization Program

Introduction

The school based immunization program is an essential program in Nunavut with the intent of adequately ensuring that all Nunavummiut in school are up to date on all recommended routine immunizations. This section will provide the information and resources necessary to run this program.

Routine School Based Immunizations

Grade	Routine Immunization(s)	Series	Other Considerations
6	Human Papilloma Virus (HPV)	0, 6 months	Start the HPV vaccine as soon as possible at the start of the school year, to ensure series is completed during school year.
	Tetanus, Diphtheria, Acellular Pertussis (Tdap)	1 dose	Review immunization history. If the child did not receive 4-6 year old booster with polio – polio vaccine should also be given as per catch up schedule.
	Varicella 2 nd dose catch-up	1 dose	1 dose of Varicella is indicated for all children in grade 6 who have previously only had 1 varicella containing vaccine.
9	Meningococcal ACYW Conjugate (Men-C-ACYW)		Review immunization records to ensure all publically funded vaccinations are up to date (see catch-up aid)
12	Any catch-up vaccination		Review immunization records to ensure all publically funded vaccinations are up to date (see catch-up aid)

*Note: Review immunization records and catch up children in grade 6 and 9 if possible

*Note: Attempts should be made to immunize all children even if they are not currently attending school.

Consent

Children in grade 6 and 9 require documented informed consent by their parent/guardian. As a standard, all attempts should be made for consent to be signed on the immunization consent

form. Verbal consent may be obtained by the parent/guardian and documented by the immunization provider if necessary.

Students in grade 12 may be considered mature minors and may be assessed as competent to consent to vaccinations without parental/guardian consent.

Suggested Process for School Based Immunization Program

1. Each fall contact school(s) for their class lists including information on: student names, grade, teacher, date of birth, and parent/guardian names and contact information.
2. Create a spreadsheet/worksheet to sort the information provided by the school. See appendix A for a sample worksheet that can be used.
3. Review immunization card for each child on the list. Ensure that each child is up to date on all routine vaccinations. See catch-up guide for further information.
4. Contact parent/guardian for those children with no immunization records. If the child has moved from another community, request immunization records from the community.
5. For each child, assemble an information package including the following materials:
 - The School Based Immunization and Screening Consent Form (Section 3.2.6) with all recommended vaccinations clearly marked
 - Fact sheets for each recommended vaccine
6. Give all packages to the teacher/principal and request that they will collect all returned consent forms and screening tools by the date specified.
7. Pick up all signed consent forms and screening tools from the school.
8. Review returned consent forms and screening tools and contact parent/guardian if clarification needed.
9. Arrange immunization clinic date with the school. Ensure there is a room available for vaccination and an area for students to be monitored for 15 minutes following immunization.
10. Administer vaccinations as per recommended schedule on scheduled clinic date. See Section 3.3.7 of the Nunavut Immunization Manual for a checklist of supplies and equipment recommended to bring to the clinic.
11. Document immunizations on immunization cards, personal immunization records, and electronic charting (if applicable).

8.3 Community Immunization Clinics

Introduction

Mass immunization clinics in a community setting are an efficient way of increasing vaccination coverage in a timely manner. Mass clinics are especially useful at increasing accessibility to targeted populations and utilizing resources available in the community. The most common use of mass clinics in communities in Nunavut are for the seasonal influenza program and in an outbreak/pandemic situation. The following sections will aid immunization providers in planning for mass immunization clinics in the community.

8.3.1 The Clinic Venue

The selection of the clinic venue is very important in ensuring a smooth, well-functioning community immunization clinic. The following criteria should be considered when choosing a venue.

- Accessibility – the venue should be in a central location that is accessible to the community members.
- Facilities – the venue should have washrooms and hand washing facilities.
- Space – the venue should have sufficient space for registration, vaccine administration, and a waiting room for post vaccination, all while ensuring privacy is maintained.
- Flow – ideally the venue should have a separate entrance and exit to ensure a smooth flow for Nunavummiut receiving immunization.

8.3.2 Staffing

Staffing needs in a mass immunization clinic, especially in a pandemic situation, can be quite high. Ensuring that there is sufficient staff with clearly outlined roles and responsibilities is paramount in mass community immunization clinics. The following table outlines the staff required and their roles and responsibilities.

Staff	Roles and Responsibilities
Clinic Coordinator	<ul style="list-style-type: none"> • Responsible for logistics of clinic set up • Maintain clear communication with staff/volunteers as well as key stakeholders in the community • Supervision of clinic progress and decision maker if changes need to be made • Ensure all resources, materials and equipment are available
Clerical Support	<ul style="list-style-type: none"> • Welcome clients to the clinic • Give client consent forms and vaccine fact sheets • Assist clients in filling out consent forms if needed • Direct clients to appropriate waiting area • Monitor waiting area
Security and Flow Management	<ul style="list-style-type: none"> • Greet clients at the door and direct them to the appropriate area • Encourage each client to wash hands/use hand sanitizer • Maintain clinic flow • Assist in waiting areas • Help arrange transport for clients with special needs • Provide clinic security
Immunizers	<ul style="list-style-type: none"> • Set up each individual immunization station • Ensure Anaphylaxis kit is complete and medications are not expired • Give vaccine(s) after reviewing consent forms and answering any questions • Administer vaccinations • Complete documentation • Respond to any anaphylaxis/reactions
Translators	<ul style="list-style-type: none"> • Available to translate as needed • Ideally translators available to speak Inuktitut, Innuinaqtun, and French • Assist with crowd control, flow, and waiting areas
Medical Support Post-immunization	<ul style="list-style-type: none"> • Monitor vaccinees post immunization for 15 minutes. • Give support as necessary • Alert clinic coordinator if there are any reactions

8.3.3 Safety

Ensuring safety for both staff and the community is an important consideration when planning a community immunization clinic. The following criteria should be considered.

- Establish a plan for dealing with a hostile client.
- Ensure that phones are functioning and display the phone number to call in case of an emergency.
- Notify emergency first responders of the mass clinic location and schedule prior to the clinic.
- Ensure there are sufficient sharps containers for each vaccinator. All sharps must go immediately into the sharps containers and the containers must be securely closed before transporting.

8.3.4 Consent

Informed consent is essential when providing immunizations. It is a requirement in Nunavut that all consents for immunizations be signed by the vaccine recipient, or their parent/guardian. Informed consent implies that the vaccine recipient is aware of the benefits of receiving the vaccine, the risks of not receiving the vaccine, potential side effects, and contraindications to receiving the vaccine.

To assist in this process, specific consent forms have been developed and translated for the influenza vaccinations (fluviral, flumist) that screen for contraindications. Likewise, fact sheets have been developed and translated to provide vaccine recipients with necessary information to make an informed decision. See the influenza protocols in the Nunavut Immunization Manual for further details.

In a pandemic situation, resources will be available to immunizers to aid in ensuring that vaccine recipients have informed consent (vaccine specific fact sheets and consent forms). It is the immunizer's responsibility to ensure that consent is truly informed.

See Section 3.2 in the Nunavut Immunization Manual for more detailed information on informed consent.

8.3.5 Vaccine Administration

- Vaccine administration in a community immunization clinic can be done by nurses, nurse practitioners, midwives, and doctors.
- All immunizers must have completed Nunavut immunization certification prior to giving any vaccinations.
- Ensure that the Nunavut Immunization Manual and vaccine protocol(s) are present and available.
- Ensure that anaphylaxis kits are available to each immunizer present.
- Ensure cold chain is maintained for the entire clinic. See section 3.1 in the Nunavut Immunization Manual for resources on packing coolers and maintaining cold chain in a mass immunization clinic.
- It is not recommended to pre-draw vaccines, due to the potential decrease in vaccine effectiveness, and the risk of medication error.

8.3.6 Communications

In a community immunization clinic, communication is essential in ensuring an effective and efficient process. Informing key stakeholders in the community of the clinic and its purpose is important. It is important to have language specific signs, pamphlets, and media coverage to provide accurate information on the location and purpose of the clinic. Materials have been developed to assist in this process for the annual influenza program. In a pandemic situation, the office of the Chief Medical Officer for Health (CMOH) will work to provide extra materials, as needed, to aid in this process.

8.3.7 Supplies and Equipment

Equipment	Quantity Required
Communication system (telephone, radio)	
Posters to make signs	
Pens	
Highlighters	
Staplers and staples	
Post-it notes	
Paper	
Filing boxes	
Clipboards	
Tape	
Flashlight(s)	
Chairs	
Tables	
Mats	

Medical Supplies	Quantity Required
Anaphylaxis kits	
Blood pressure machine/cuffs	
Stethoscope	
Wheelchair(s)	
Stretcher(s)	
Blankets	
Privacy screens	
Vaccine	
Cooler(s)	
Ice packs	
Insulating materials	
Min/max thermometers	
Syringes	
Needles (multiple sizes)	
Alcohol wipes	
Cotton gauze or cotton balls	
Band-aids	
Oral thermometers	
Sharps containers	
Gloves	
Hand sanitizers	
Cleaning/disinfection solution (ie. Caviwipes)	
Garbage containers and bags	
Cover for table/surfaces	
Facial Tissues	
Paper towels	
Nunavut Immunization Manual	
Vaccine specific Immunization Protocol(s)	
Canadian Immunization Guide	
Consent forms	
Vaccine Fact Sheets	

References

1. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>
2. Fraser Health Authority. Best Practice for Mass Immunization Clinics (2007).
3. First Nations and Inuit Health Ontario. Section 3 - Planning a Mass Immunization Clinic (2009).