

COVID-19 Immunizer information and education

Public Health New Brunswick



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Purpose of this training:

- Briefly Introduce COVID-19 vaccine products
- Information on Mass COVID-19 Immunization
- Obtain the required education for COVID-19 vaccination based on New-Brunswick's Immunization Program competencies
- Reviewing the required immunization competencies
- To acquire the necessary skills to provide safe and effective COVID-19 vaccine immunization
- Understand and review immunization competencies that govern your practice
- Review basic Immunization Practice Standards

COVID-19 immunizer information and education

COVID-19 Basic review

- COVID-19 is an infection caused by a new virus (SARS-CoV-2).
- COVID-19 was recognized for the first time in December 2019 and has since spread around the world to cause a pandemic.
- COVID-19 can be passed from an infected person to others when the infected person coughs, sneezes, sings, talks or breathes.
- Infected people can spread the infection even if they have no symptoms.

COVID-19 can include any of the following symptoms:

- Fever
 - A new cough, or worsening chronic cough
 - Sore throat
 - Runny nose
 - Headache
 - A new onset of fatigue
 - Diarrhea
 - Loss of sense of taste
 - Loss of sense of smell
 - In children, purple markings on the fingers and toes
 - Difficulty breathing
- Some people infected with the virus have no symptoms at all, while others are mildly ill and others become severely ill.
- Of those diagnosed with COVID-19, about 1 in 5 people become severely ill and about 2 out of every 100 people die. Even people with mild symptoms can feel unwell for long periods of time after a COVID-19 infection.

Covid-19 vaccine products

Health Canada has approved two COVID-19 vaccines:

- The Pfizer-BioNTech and Moderna vaccines became available in December, 2020, and have been arriving in gradual shipments.
- Other vaccines, like those being developed by Johnson and Johnson and AstraZeneca, are awaiting approval; if approved, they will become available sometime in the first half of 2021.
- See vaccine product specific training packages on the GNB website for more details.

Planning for mass immunizations

- In a pandemic, it is important to be able to administer vaccine as quickly as it becomes available.
- There were many challenges with this process during the 2009 H1N1 immunization campaign, especially in the initial management of priority populations when supplies were limited.
- Other potential vaccine providers, such as paramedics, student nurses or calling on retired nurses may also be needed to provide surge capacity or outreach for the administration of COVID-19 vaccine.
- Please refer to NB Immunization program Policy 4.2.1 for required competencies during mass immunization during a pandemic.
<https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/HealthProfessionals/NBIPG-appendix-4-2-1.pdf>

What measures will be put in place to safely deliver immunizations during COVID-19 pandemic ?

Safety measures upon arrival to the clinic:

- Staff screening clients for symptoms will be wearing a medical mask and eye protection.
- Everyone at the clinic is screened for symptoms upon arrival.
- Symptoms include:
 - fever, cough or worsening cough, diarrhea, loss of sense of smell and taste, runny nose, sore throat, muscle pain, headache, fatigue/exhaustion, and purple markings on the fingers and toes in children.
- Individuals will be asked to wear a community face mask while at the clinic, as well as to clean hands with sanitizing solution.
- Create a list of all those who attend the clinic (clients and staff) that is time stamped with names and contact information.

What measures will be put in place to safely deliver mass immunizations at the clinics?

Extra safety protocols in the COVID-19 vaccine clinics include the following:

- Follow signage for directions/clinic flow.
- Staff will be wearing medical masks and distanced from each other, except when in the act of immunizing.
- Physical distancing will be observed; stay at least 2 meters (6 feet) from other (except those who live in the same household).
- Individual appointments will be set up as to limit the amount of people in the same room at the clinic.
- Staff will go to a designated space for breaks. Handwashing before and after eating/drinking. Mask may be removed when seated 2m from others during the act of eating and drinking. Vigilance needed as eating/drinking is an high-risk activity for transmission of COVID-19.

Disinfection and Cleaning

Immunizers:

- No clinic supplies on the immunization tables.
- No use of table cloth or clinic tissue paper on immunization tables.
- Use plastic containers containing the supplies needed for a single dose (i.e. alcohol swab, vaccine, cotton ball, Band-Aid) for client being vaccinated.
- After vaccine is given, immunizer indicates that table needs cleaning and puts soiled plastic containers in a dirty bin.
- Immunizer prepares for next client by getting a new single-dose kit.

Cleaners:

- Disinfect immunization table and chair vacated by client.
- Clean plastic containers used by immunizer and places in a clean bin, so that it may be used by staff preparing vaccine kit.

Priority Group Sequencing

- A phased approach is being prepared for vaccine delivery that prioritizes Canadians who need early access to the vaccine.
- **Priority groups will receive the vaccine first in Q1 (Jan-Mar) of 2021.**
- Vaccination will be expanded to the entire population throughout 2021 as vaccine supply increases.

NACI's recommendations

- Those at high risk of severe illness and death from COVID-19.
- Those most likely to transmit COVID-19 to those at high risk of severe illness and death from COVID-19 and workers essential to maintaining the COVID-19 response.
- Those contributing to the maintenance of other essential services for the functioning of society.
- Those whose living or working conditions put them at elevated risk of infection and where infection could have disproportionate consequences, including Indigenous communities.

COVID-19 pandemic response public health goal

Minimize serious illness and overall deaths while minimizing societal disruption as a result of the COVID-19 pandemic



Key populations for early COVID-19 immunization

Key populations are not mutually exclusive & may overlap

Sequencing & Prioritization (based on evolving evidence)

Those at high risk of severe illness & death from COVID-19

- Advanced age
- Other high-risk conditions (To be defined as evidence evolves)



Those most likely to transmit COVID-19 to those at high risk of severe illness & death from COVID-19 & workers essential to maintaining the COVID-19 response

- HCW, personal care workers, & caregivers providing care in LTC or congregate care facilities for seniors
- Other workers most essential in managing the COVID-19 response or providing frontline care for COVID-19 patients
- Household contacts of those at high risk of severe illness & death from COVID-19

Those contributing to the maintenance of other essential services for the functioning of society

- To be defined, prioritized & informed by FPT discussions
- Examples: Those who cannot work virtually & have differential exposure to COVID-19 (e.g., police, firefighters, grocery store staff)

Those whose living or working conditions put them at elevated risk of infection & where infection could have disproportionate consequences, including Indigenous communities

- To be defined based on COVID-19 epidemiology & previous pandemics
- Examples: Settings where physical distancing & other IPC measures are challenging, access to healthcare is reduced, & infection could have disproportionate consequences

Adequate Supply

Other populations in whom vaccine(s) are safe & efficacious

Sequencing of key populations & sub-prioritization within key populations will be based on:

Population-based risk-benefit analysis—taking into consideration risk of exposure, risk of transmission to others, risk of severe illness & death, & the safety & effectiveness of vaccine(s) in key populations

Vaccine characteristics & results of clinical trials



Vaccine supply
Number of available vaccine types, number & timing of available doses, number of doses required

COVID-19 epidemic conditions when the vaccine(s) become(s) available



Elements guiding ethical decision-making*

Equity: Efforts should be made to increase access to immunization services to reduce health inequities without further stigmatization or discrimination, & to engage systematically marginalized & racialized populations in immunization program planning.

Feasibility: Jurisdictions should begin planning for the implementation of a COVID-19 immunization program, including rapid monitoring of safety, effectiveness, & coverage of vaccine(s) in different key populations, as well as effective & efficient immunization of populations in remote & isolated communities.

Acceptability: Efforts should be made to improve knowledge about the benefits of vaccines in general & of COVID-19 vaccine(s) specifically once available, address misinformation about immunization, & communicate transparently about COVID-19 vaccine allocation decisions.

*based on the systematic assessment of ethics, equity, feasibility and acceptability using an evidence-informed framework, available at: <https://doi.org/10.1016/j.vaccine.2020.05.051>

COVID-19 immunizers are based on the following level of experiences

Experienced Immunizers:

- ✓ Defined as HCP who regularly administer vaccines in their daily practice and have obtained immunization certification aligned with NB Immunization Standards and Policies.
- Public Health Nurses
- Registered Nurses
- Physicians
- Pharmacists
- LPNs with immunization experience

Novice Immunizers:

- ✓ Defined as HCP and/or students who have a minimum requirement of intramuscular injection training and certification but no formal immunization certification or clinical practice.
- LPNs (no students)
- Registered Nurses
- 3rd and 4th year Nursing Students

Immunization Competency

- The New Brunswick Immunization Program Guide provides direction to all health care practitioners who provide publically funded vaccine. It outlines legislation, policies and standards necessary in the provision of safe, effective and competent immunization practice. All immunizers need to familiarize themselves with the policies outlined here:

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc/NBImmunizationGuide.html

- Providers/Immunizers of publicly-funded vaccine are expected to maintain immunization competencies and are outlined in the guide by Policy 2.1 Immunization Practice for All Immunizers and Policy 2.4- Competencies for Immunization Providers.
- In special circumstances such as a pandemic, further guidance is made available for Health Care Professionals to assist in administration of vaccine during a mass immunization campaign.
- All health care professionals are required to practice as per their regulator standards . It is also the employers responsibility to ensure and track employees competency levels. This includes ensuring they have access to time and resources to complete any training.
- The Education Program for Immunization Competencies (**EPIC**) is a recognized by NB Immunization Program for immunization providers
- All of the modules will be open but only 3 of those are recommended for the novice group following PHAC's recommendations: 1- Adverse events following immunization ; 2- Documentation and populations requiring special considerations ; 3- Administration of immunizing agents.

Education requirements for experienced immunizers

➤ Required training:

- Review the Public Health NB COVID-19 Immunizer information and education PowerPoint which identifies the required immunization competencies needed to vaccinate during mass immunization.
- Review the NB New Brunswick Immunization Program Guide and become familiarized with the policies and standards outlined.
- Review Appendix 4.1.1a - Medical Directive for the Provision of COVID -19 Vaccines.
- Review COVID-19 vaccine product-specific training education as it becomes available.
- Have up-to-date CPR training.

➤ Recommended Training:

- Module on Vaccine Hesitancy offered through Education Program for Immunization Competencies (EPIC)
- Vaccine Hesitancy guiding document on our Government of New-Brunswick (GNB) vaccine section for Health Care Providers (available February 2021)
- Public Health's cultural Competency and Sensitivity – A guide for Health Care providers caring for New-Brunswick's cross-cultural populations

Education requirements for novice immunizers

Required training:

- Review the Public Health NB COVID-19 vaccine basic education PowerPoint which identifies the required immunization competencies needed to vaccinate during mass immunization campaign.
- Review the New Brunswick Immunization Program Guide and become familiarized with the policies and standards outlined within.
- Review Appendix 4.1.1a - Medical Directive for the Provision of COVID -19 Immunization
- Complete the following 3 modules through Education Program for Immunization Competencies (**EPIC**):
 1. Adverse events following immunization (approximately 1 hour)
 2. Documentation and populations requiring special considerations (approximately 1 hour)
 3. Administration of immunizing agents (approximately 1 hour)
- All novice immunizers must acquire immunization experience by participating in supervised COVID-19 mass immunization site until certification is reached. They will need to complete the COVID-19 skills competency checklist attached to this PowerPoint.
- Up to Date CPR

Recommended Training:

- EPIC Vaccine Hesitancy module
- Vaccine Hesitancy guiding document on our Government of New-Brunswick (GNB) vaccine section for Health Care Providers (available February 2021).
- Public Health's cultural Competency and Sensitivity – A guide for Health Care providers caring for New-Brunswick's cross-cultural populations.

Competency checklist –for novice immunizers

Purpose: To ensure safe and competent practice so that the requirements for the Medical Directive to administer vaccine through the publicly funded New Brunswick Immunization Program are met.

- Novice immunizers will be paired with another experienced provider at the COVID-19 mass immunization site and participate in supervision until certification is reached.
- The COVID-19 skills competency checklist will help guide the certification process. It is attached to this training package and can also be found on the GNB COVID-19 section for Health Care Professionals, under resources.

Review of immunization practice standards

1. Vaccine management
2. Informed consent
3. Administration of vaccine
4. Documentation
5. Anaphylaxis management
6. Reporting of adverse events

Immunization Practice Standard-

Informed consent

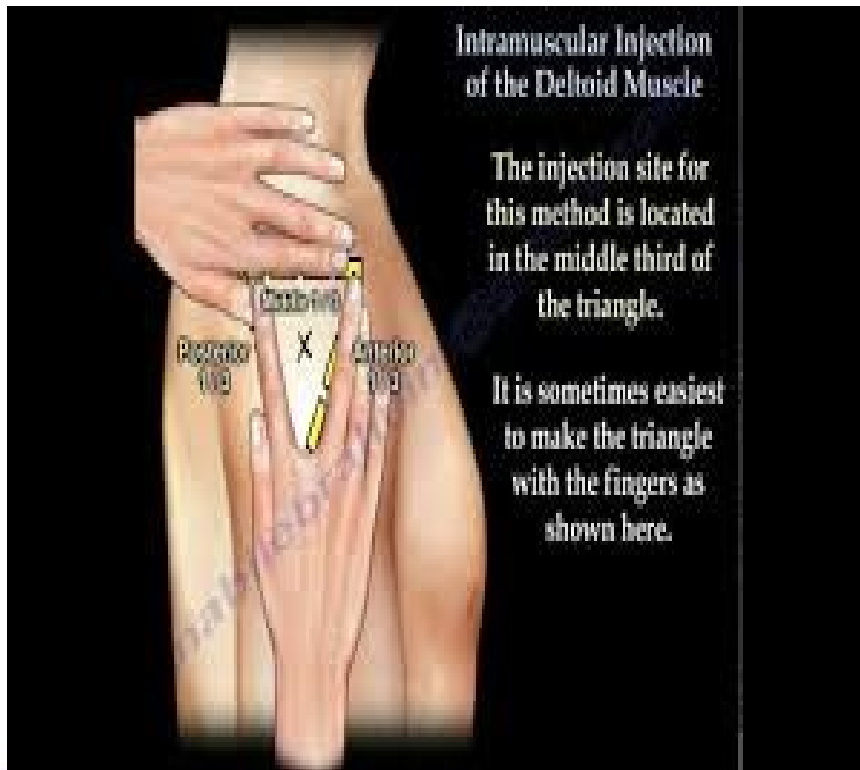
- Vaccine hesitancy: Risk vs benefits (of receiving vaccine or not) * see next slide
- General info about vaccine and potential side effects
- Ensure info is well understood
- Allow opportunities for questions
- Assess health with screening questions
- Document informed consent

Vaccine hesitancy

- The success of a COVID-19 vaccination program will rely on public willingness to be vaccinated.
- Between 56% and 60% of Canadians show some degree of vaccine hesitancy.
- Concerns about vaccine safety and effectiveness were the two most cited reasons for vaccine refusal.
- When giving the COVID-19 vaccine, it is important that the information to your clients are clear, concise and factual.
- Assist clients in understanding the immunization information and processes in the specific language of choice.
- Keep them well-informed about the safety and effectiveness of the COVID-19 vaccines being used, so they can present a unified message of strong support from the health care community.
- Take the recommended EPIC course module on vaccine hesitancy
- Vaccine Hesitancy guiding document on our Government of New-Brunswick (GNB) vaccine section for Health Care Providers (Available February 2021).

Immunisation Practice Standard - Administration of vaccine *Intramuscular injection*

IM in deltoid (16 years and over)



- **POST vaccine :**
- * Documents being developed by PHAC available soon
- * Give them the after-care sheet
- **Check:**
 - for bruising, redness, swelling
 - client for any adverse event
- **Instruct client :**
 - to wait 15 minutes
 - of possible side effects and what to do
 - to call if adverse event in next 4 weeks
 - **need for a second dose 21 days later**

Immunization Practice Standards – Documentation for COVID-19

- Consent form for COVID-19 vaccine
- COVID-19 client immunization record
- COVID-19 pre-vaccination information
- COVID-19 aftercare sheet
- Adverse Event Form following Immunization (AEFI)

Medical Directives for Administration of: Vaccine and **Epinephrine**

- All Immunizers must review the section on anaphylaxis from the Canadian Immunization Guide:

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html>

- Please review the NB Immunization program **Policy 5.1 - Anaphylaxis in Non Hospital Setting**. Note: Benadryl is no longer recommended in vaccine anaphylaxis as per the Canadian Immunization Guidelines

Immunization Practice Standards - Anaphylaxis management

- Assess and manage ABCs
- Call for help
- Call 911
- Administer epinephrine and follow the Anaphylaxis management Protocol Policy 5.1 of the NB Immunization Program

<https://www2.gnb.ca/content/dam/gnb/Departments/hs/pdf/en/CDC/HealthProfessionals/Anaphylaxis-Management.pdf>

- Document on the **Adverse Event Following Immunization form (AEFI)** and share clinical info immediately with PH.

Immunization Practice Standards – Reporting AEFI: Enhanced Severe AEFI Surveillance

➤ Please refer to the NB Immunization Program website for AEFI reporting processes and the following Policies to review:

1. AEFI forms to be completed by immunizer can be found here:

<https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/Epidemiology/NBAEFIFormE.pdf>

2. Policy 2.7 for AEFI case definition:

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc/NBImmunizationGuide.html

3. Policy 3.8- Reporting Adverse Events following Immunization

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc/NBImmunizationGuide.html

Immunization Practice Standards – Reporting AEFI: Enhanced severe AEFI surveillance Continued....

4. Appendix 4.8: Data Dictionary for Completing the New Brunswick AEFI Reporting Form

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc/NBImmunizationGuide.html

5. Appendix 5.0 : Summary of Reporting Criteria

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc/NBImmunizationGuide.html

Occupational Health Issues

- Used injection material
 - Handling
 - Disposal
- Sharp containers
 - Where to place
 - When to replace
 - How to dispose of
- Needle stick injury – refer to RHA policy
- Use of personal protective equipment (PPE) and infection control measures
- Dry Ice – PPE, proper handling and ventilation



Education training links

- EPIC course: <https://www.cps.ca/en/epic-pfci>
- The NB Immunization Program Guide:
https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc/NBImmunizationGuide.html
- Government of new-Brunswick information on Coronavirus: [www.GNB.ca/coronavirus](http://www.gnb.ca/coronavirus)
- NBIPG standard/guideline 3.3- Eligibility Criteria for Publicly Funded Vaccines/Biologics
<http://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/HealthProfessionals/NBIPG-standard3-3-e.pdf>
- Refer to NACI statement <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html#a3>
- CIG- Part 1 - Key Immunization information- Vaccine Administration Practices
<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-8-vaccine-administration-practices.html>