



## Mass Immunization Clinics in Remote and Isolated Communities

October 26, 2009

With Acknowledgement to:  
First Nation and Inuit Health  
Saskatchewan Region  
Mass Immunization Plan  
For H1N1 Vaccine

This guidance document is being provided by the **Public Health Agency of Canada** in consultation with the Remote and Isolated Communities Task Group of the Special Advisory Committee for H1N1 in response to the pandemic (H1N1) 2009 influenza virus.

The guidance provided herein is based on current available information about this emerging disease and is subject to review and change as new information becomes available.

The Public Health Agency of Canada posts regular updates and related documents at [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca).



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## 1.0 Introduction

Remote and isolated communities\* require a pandemic plan that is realistic, regularly tested and updated<sup>1</sup>. Health care services in many remote and isolated communities, including mass vaccination clinics, are carried out in small to medium sized nursing stations and health centers by a small number of staff. Communities may determine that mass immunization clinics are not a suitable method for delivering the pandemic (H1N1) 2009 vaccine to their members, such as in the case of a community with a very small population. In this case, vaccine may be offered in the regular clinic setting or by appointment, at the discretion of the health care professional who will deliver these services.

Persons residing in remote and isolated settings or communities have been identified as a group who should receive the first allocations of pandemic (H1N1) 2009 vaccine<sup>2</sup>. There are several reasons for this including: limited access to medical care; potential for development of mass immunity and prevention of infection; logistically easier to target the whole community; equity; high concentration of persons with chronic conditions; and the observed morbidity/mortality in some remote Aboriginal communities.

For these reasons, this document has been developed to assist remote and isolated communities across Canada develop a plan for mass immunization as an adjunct to their existing pandemic plans. Suggested operational details are provided to assist in planning and conducting mass immunization clinics. Although communities have seasonal flu clinics each year, a mass immunization clinic is different in that the number of individuals to be vaccinated will increase dramatically as the aim is to immunize the entire population with the exclusion of those with contraindications or those who do not wish to receive it. Other differences include the rapidity and urgency of immunization that will be required during a pandemic.

### 1.1 Goals of Mass Vaccination in Remote and Isolated Communities

The Remote and Isolated Task Group<sup>†</sup> has identified the following as goals of mass immunization clinics in remote and isolated communities;

- a. To administer the vaccine to the greatest proportion of individuals as rapidly as possible
- b. To administer the vaccine in a safe and efficient manner
- c. To monitor the safety and effectiveness of the immunization campaign

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\* **Remote:** describes a geographical area where a community is located over 350 km from the nearest service centre having year-round road access.

**Isolated:** describes a geographical area that has scheduled flights and good telephone services; however, it is without year-round road access. It is noted that not all homes in a community will have phones, and that flights may be cancelled or delayed due to weather.

<sup>†</sup> The Remote and Isolated Task Group (RITG) of the Public Health Network H1N1 Task Force has been engaged in building on and adapting existing national guidelines to better ensure an effective and coordinated federal, provincial and territorial influenza pandemic response in remote and isolated communities, in the context of the H1N1 outbreak. The purpose of the task group is to review issues associated with public health response and delivery of health services in a pandemic in remote and isolated communities, and to determine what is unique to these areas, what specific planning/response activities are required, and develop guidelines in response to pandemic (H1N1) 2009.



## 2.0 General Planning Considerations

### 2.1 Vaccine Availability

The first batch of the H1N1 vaccine was available as of late October, 2009. As previously stated, remote and isolated communities have been identified as a priority group<sup>2, 3</sup> and should be receiving vaccine through the usual mechanisms soon after the vaccine becomes available. Each province/territory will be responsible for providing mass immunization clinics that can be held in their respective communities and will need to consider weather challenges, flight schedules and whether both adjuvanted and unadjuvanted vaccine will be available simultaneously or not as this will likely affect clinic scheduling.

### 2.2 Planning Group

Planning a mass immunization clinic requires the coordinated efforts of many individuals within the community to provide the leadership and expertise to oversee all aspects of a clinic including: safekeeping of the vaccine; staffing the clinic; orientation/training of clinic workers; communication; and the delivery of immunization to the community.

To coordinate this effort, communities may consider establishing a planning group drawn from individuals in the community with the ability to provide leadership in specific areas. For example, one individual might have particular expertise in communication, which would be critical to the success of such a program. Others may have skills in transportation, storage, and cold chain management. Mounting a successful mass immunization clinic will require the efforts of the entire community, not just the clinic staff.

### 2.3 Safety and Security

Safety and security are vital considerations in large-scale campaigns<sup>4</sup>, particularly where staffing and supplies may be limited and where fear and anxiety may be widespread. Immunizing all residents in a short period of time may pose specific safety challenges, particularly when administered outside of a standard health setting. Issues such as vaccine transportation and storage, injection and biologic safety, waste disposal and monitoring for/responding to adverse events should all be carefully addressed. Mass vaccination planning may also require security measures to address the safety of those attending the clinic, maintaining the integrity of the vaccine, immunization supplies, site security, and crowd and traffic control<sup>5</sup>.

### 2.4 Clinic Staffing

Consideration may need to be given to postponing other activities or programs so that all efforts can be directed to assisting with mass immunization planning and execution. Some communities may need additional surge capacity to support a mass immunization program.

To assist with vaccine administration, other allied health professionals, non-traditional workers (those who do not usually work in health care) and volunteers, may be called upon to help.

Examples of additional health care and support staff may include, but are not limited to:

- Retired Health Care Professionals
- Volunteers
- Registered Nurse Practitioners



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- Registered Nurses
- Licensed/Registered Practical Nurses
- Community Health Worker/Service Worker
- Student Nurses
- Retired Security Guards
- Dental Therapists
- Canadian Rangers

For most efficient use of time and resources, a team approach for mass vaccination may be considered. In addition, consideration of clustering communities together according to geographical location may be beneficial to ensure maximum efficiency and effectiveness of clinics. It may also be helpful to calculate the number of staff required based on the population(s) to be immunized.

## **2.5 Staff Orientation and Training**

To function effectively, all clinic staff including immunization staff and volunteers should receive an orientation, including information regarding: clinic goals; roles and responsibilities of each clinic staff member; organizational chart; clinic flow and set up; immunization delivery process; and infection control practices. Some clinic staff, such as registered nurses providing immunization, may require specific training.

### **2.5.1 Orientation**

An orientation manual outlining all aspects of clinic functions could include but is not limited to: objectives; epidemiology of influenza; information about the influenza vaccine; informed consent, including screening; documentation requirements; vaccine safety; management of adverse events; cold chain maintenance; and safe handling of sharps<sup>6,7,8,9,10</sup>. If time and resources do not permit the development of written orientation material, one individual could be identified to ensure necessary information is conveyed to clinic staff with all pertinent information.

### **2.5.2 Training**

Nurses and other health professionals who are carrying out immunization should check with their professional licensing body to determine if there is any specific training/certification that might be required. Immunization competencies for health professionals are available for review at the Public Health Agency of Canada website<sup>11</sup> on-line training materials for health professionals are also available<sup>12</sup>. It is recommended that nurses have current CPR training for effective response to adverse reactions following immunization.

## **2.6 Communication**

Communication with the community about the mass immunization clinic, including time(s) and location as well as information about the vaccine and its safety are a critical component of the successful implementation of mass immunization clinics. Prior to the clinic it may be helpful to identify one individual to lead communication activities and act as the spokesperson for the community.



### 2.6.1 Communication Tools

Posters, pamphlets and press releases that have been developed can be circulated at least two weeks prior to the planned clinic date, if possible (see Appendix 1 for examples). Consideration should also be given to having these materials available in English and language(s) spoken in the community.

### 2.6.2 Communication Vehicles

Examples of communication vehicles include but are not limited to:

- Staff Bulletin – informing staff of event
- Internet/banner – promote event 1-2 weeks before
- Local Radio (if available)
- Local Television (if available)
- Local Newspaper (if available)
- Tribal Council/Band Office – poster
- Health Centres – poster
- Churches – poster
- Community Stores – poster
- Schools
- RCMP Office

## 2.7 Documentation/Forms

It is important that key activities such as screening and consent, monitoring and reporting of adverse events and the recording of the use and waste of vaccine product be documented.

Forms for the clinic may include, but are not limited to the following:

- Adverse Events Report/Surveillance Form
- Immunization Record Card
- Vaccine Tracking Record
- H1N1 Influenza Vaccine Information Sheet
- Influenza Vaccine Immunization Record
- Line Listing of those Immunized
- Daily Immunization Summary
- Influenza Mass Vaccination Supplies Checklist

See Appendices 8, 9 and 10.

## 2.8 Clinic Attendance

The vaccine sequencing strategy<sup>2</sup> notes that some individuals or groups may be at higher risk of severe illness or hospitalization due to socio-economic and lifestyle conditions, access to health care, and elevated risk of exposure to the H1N1 flu virus. In addition, there are groups and individuals whose leadership and decision-making may help minimize societal disruption, making it important that they are encouraged to receive their immunization. These include essential service workers and community decision-makers.



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Some of these groups may be less likely to attend mass immunization clinics. Since it is likely the immunization team will only be present in the community for a limited time, it is worthwhile to specifically target these groups and individuals with strategies that are best developed at the community level. Some possible strategies are: identifying these groups (eg. home care clients, infants, housebound individuals) prior to the vaccination date; providing transportation to the clinic site; door to door awareness campaigns; and, using local media and community leaders for promotion.

## 2.9 Clinic Site

The size and type of facility required for the mass immunization clinic will vary depending on the number of persons to be immunized. Examples of potential clinic sites include local school auditoriums, arenas (without ice) and community centers. Necessary amenities include bathrooms, open areas, telephone access (local and long distance calling), wheelchair accessibility, refrigeration/storage capacity and possibly refreshments. It would be beneficial if the site has a break area for clinic staff and secure storage for their personal belongings.

### 2.9.1 Clinic Directions/Signage

Clinics should display signs with directions on how to proceed through the clinic so that individuals can move quickly through the immunization process. Signs should be posted at the entrance and exit areas, as well as at each functional area such as registration, screening, immunization and post immunization observation area.

The information below provides an example of the clinic layout that may be used:

- Clearly marked entrance and exit points with adequate waiting space.
- Traffic flow following a logical path from entry to exit.
- Easy to read signage, including illustrations to guide people through the process.
- Registration and waiting areas in a separate room from the vaccine administration and first aid/observation area where possible.
- The First Aid/observation area located as close to the vaccine administration area as possible.
- Visible clock in post immunization waiting area.

See Appendix 2 for an example of Clinic Flow.

## 3.0 Safety Considerations

There are a number of safety issues that are foremost in the planning and delivery of the immunization clinic, including cold chain management, management of adverse events, and procedures for loading syringes for immunization.

### 3.1 Cold Chain Management/Storage

The National Vaccine Storage and Handling Guidelines for Immunization Providers (2007) provides information regarding management of the cold chain, vaccine storage, temperature monitoring, and transportation requirements for vaccines and can be found at the Public Health Agency of Canada website at: <http://www.phac-aspc.gc.ca/publicat/2007/nvshglp-ldemv/section1-eng.php><sup>13</sup>. In addition, the pandemic (H1N1) 2009 vaccine product monograph will include specific information about the stability of the product.



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The safety and storage of vaccines should include the following considerations:

- Identification of those who will take delivery of the vaccine and be responsible for appropriate storage and safety prior to the clinic.
- The capability to house vaccine between 2-8 degrees Celsius at all times via a temperature monitored fridge and/or cooler bag if being transported to alternative locations.
- The possibility of power outages and how this will be handled to ensure the maintenance of the required storage temperature.
- Monitoring the proper functioning and maintenance of equipment prior to receiving H1N1 vaccine.

### 3.2 Adverse Event Management

**Anaphylaxis is a potentially life-threatening allergic reaction that occurs rarely following immunization. The Canadian Immunization Guide indicates that the annual reported rate of anaphylaxis ranges from 0.4 to 1.8 reports per 1,000,000 doses of vaccine distributed in Canada<sup>14</sup>.**

#### 3.2.1 Screening

Clear definitions and protocols for initial screening of all vaccine recipients should identify individuals who should be excluded from immunization. Once individuals receive their vaccination they should remain in an area with trained staff for observation for a fifteen to twenty minute period.

#### 3.2.2 Management

Protocols and guidance for the management of anaphylaxis is developed at the provincial and territorial level. Clinicians, who will potentially be managing anaphylactic reactions, should be familiar with their provincial/territorial guidance for recognizing and managing anaphylaxis. Anaphylactic kits including supplies such as epinephrine and other emergency medical supplies should be readily available to treat individuals with adverse reactions. It is also important to distinguish anaphylaxis from other post immunization events, such as fainting and anxiety.

#### 3.2.3 Reporting

Adverse Events Following Immunization (AEFI) reporting specifics (i.e. correct form, reporting timelines) should be available. This information should be obtained prior to the clinic so that the mechanisms for reporting are well understood by clinic staff and these events can be monitored and reported to the appropriate public health authorities without delay. An AEFI report includes details of the event and any medical intervention provided. Serious AEFIs are recommended to be reported immediately (within 24-48 hours of occurrence) to provincial/territorial health authorities or the Public Health Agency of Canada so that appropriate investigation and public health actions can be initiated as soon as possible.

An AEFI form can be retrieved from the Public Health Agency of Canada website in English (<http://www.phac-aspc.gc.ca/im/ae-fi-form-eng.php>) and French (<http://www.phac-aspc.gc.ca/im/ae-fi-form-fra.php>). A copy of an AEFI form is also available in Appendix 3.



### 3.3 Preparing Syringes for Immunization

The health professional who withdraws the vaccine into the syringe should also give the immunization. Pre-loading of vaccine syringes is generally not recommended<sup>15</sup>, however, it may be considered if there is strict attention to aseptic technique, proper labelling of syringes, vaccine stability, maintenance of the cold chain and assurance that the same person that draws up the vaccine delivers it.

### 4.0 Proposed Clinic Operations

The immunization delivery process for pandemic (H1N1) 2009 is the same as the process undertaken for seasonal influenza immunization programs; however, due to the increased number of individuals to be immunized and the shortened time frame for completion, it may be challenging to provide sufficient human resources. There are a number of roles and responsibilities to be assumed by individuals to run the clinic efficiently and to immunize as many people possible in the community. It will also be important to ensure that everyone is aware of what is expected of them during the clinic. Appendix 4 provides examples of the roles and outlines responsibilities for each individual who may be working in the clinic. Flexibility will be an important consideration during planning and execution of the clinic as each community will likely have unique features that will need to be taken into consideration.

Examples of important clinic functions are provided below.

#### 4.1 Consent and Registration

Jurisdictions will vary in the procedure for documentation of informed consent, implied or written. To provide informed consent individuals being immunized must be provided with information necessary to make this decision to accept or refuse the vaccination. This information includes the following<sup>16</sup>:

- *The nature of the treatment*
- *Expected benefits*
- *Material risks and adverse effects*
- *Alternative courses of action; and*
- *Consequences of not having the treatment*

A consent form will have screening questions to identify individuals who might have an allergy or risk factor which would make them unable to proceed with immunization. If an oral or implied consent is used, then the health professional providing the immunization will be required to document in the health record that this has been done. If individuals or children are incapable of providing consent, then the substitute decision-maker may provide consent.

Informed consent must be obtained by a health professional. Staff or volunteers should be available for translation of this information into local dialects. Videos and written materials might also be considered in providing the community with this information



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Registration may be managed by staff if they are available, but is an appropriate function for volunteers. Registration might be done using an alphabetical listing of community members or lists of individuals immunized can be made from the consents obtained (if used) prior to immunization. As each individual registers, they may be provided with a screening and consent form to fill out and present to the immunization nurse so that this information can be reviewed prior to immunization

#### **4.2 Immunization Workstation**

A table with equipment and supplies (see Appendix 5) for those carrying out the immunization and the clinic itself will require substantial equipment and supplies (see Appendix 6 for a complete list and Appendix 7 for a clinic layout example). Vaccine usage and wastage should be recorded at the end of each clinic day (see Appendix 8 and 9 for examples of forms that may be used for this purpose).

#### **4.3 Screening and Immunization**

Once individuals complete their registration they should proceed to the nurse for screening and immunization. The nurse reviews the answers provided to the screening questions or orally obtains this information to ensure there are no contraindications to immunization. The nurse can also provide answers to any questions that arise, ensuring an informed consent. Those individuals displaying signs and symptoms of influenza-like illness should be asked to go home and return for immunization when they are well (see Appendix 10 for a screening tool for influenza-like illness). If there are no contraindications the nurse can proceed with immunization.

#### **4.4 Post Immunization**

Once immunized, individuals should wait for a 15-20 minute period to monitor for signs of a reaction to the vaccine. First Aid kits containing epinephrine should be available for the treatment of anaphylactic reactions. Volunteers could be utilized to monitor the time to encourage individuals to remain for the recommended time provided a health care professional is nearby to respond to any adverse reactions.

This time with a “captive audience” is optimal for additional health teaching, if possible. For example, educational displays and/or videos can be set-up and health promotional materials can be distributed at this time. If it is known that a second dose of vaccine is required, information indicating when the individual will be due for the second dose could be provided as individuals leave the clinic. Each individual may also be given a card indicating their record of immunization (see Appendix 11).

### **5.0 Post Clinic Evaluation**

While post clinic evaluation is not an essential component of a mass vaccination clinic, the planning group may want to consider evaluating the performance of the clinic so that the information can be used for future reference. Appendices 12 and 13 offer examples of evaluation surveys that may be used for this purpose.

If an evaluation is undertaken it is recommended these be filled out by clinic attendees while they are in the post immunization waiting area. These can then be reviewed and collated following the mass immunization clinic.



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## Appendix 1 – Key Points for Communication with the Public<sup>17</sup>

The following are key points for consideration when communicating with the public.

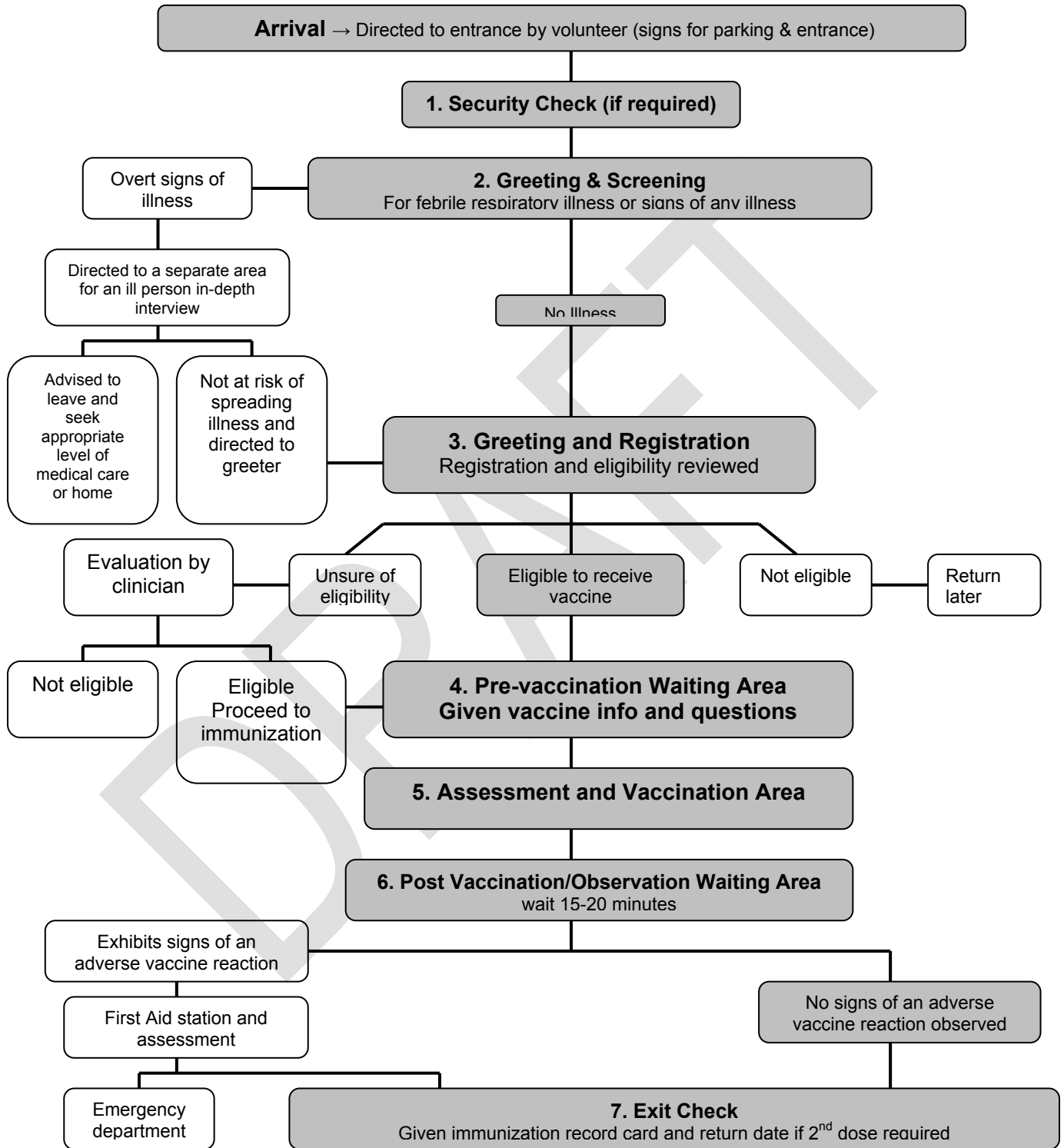
- Give a quick overview of the process.
- Ask the residents to bring their Health Card.
- Remind the residents to wear a short sleeve shirt or a shirt that you can easily roll up the sleeves.
- Inform that the waiting time may vary from \_\_\_ minutes to \_\_\_ minutes. Further explain that the immunization teams will be working hard to immunize as many people as possible as quickly as possible and that patience and cooperation is important.
- Inform how much vaccine is available for the day (how many doses), and if vaccine runs out, more will be available as it is received.
- Remind residents that if they have a fever with a cough to please stay home. Other arrangements will be made for them to receive their immunization at another time.

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**Appendix 2 – Mass Vaccine Clinic Flow Chart<sup>6</sup>**





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**Appendix 3 – Adverse Events Following Immunization (AEFI) Form<sup>18</sup>**

Note: If a province or territory has a specific form, it should be used

Initial report  Follow up report (Unique episode #)

**REPORT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)**

<b>1a. Unique episode #:</b>		<b>1b. Region #:</b>		<b>2. IMPACT LIN:</b>			
<b>3. Patient Identification</b>							
First name:		Last name:		Health number:			
Address of usual residence:							
Province/Territory:		Postal code:		Phone: ( ) - (ext#: )			
Information source: First name:		Last name:		Relation to patient:			
Contact info, if different:							
<b>4. Information at Time of Immunization and AEFI Onset</b>							
<b>4a. At Time of Immunization</b>				<b>4b. Medical History (up to the time of AEFI onset)</b> <i>(Check all that apply and provide detail in section 10)</i>			
Province/Territory of immunization: _____				<input type="checkbox"/> Concomitant medication(s)			
Date vaccine administered: [Y Y Y Y M M D D] (hr: am/pm)				<input type="checkbox"/> Known medical conditions/allergies			
Date of Birth [Y Y Y Y M M D D] Age:				<input type="checkbox"/> Acute illness/injury			
Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other							
<b>4c. Immunizing agent</b>	<b>Trade name</b>	<b>Manufacturer</b>	<b>Lot number</b>	<b>Dose #</b>	<b>Dosage/unit</b>	<b>Route</b>	<b>Site</b>
					/		
					/		
					/		
					/		
					/		
<b>5. Immunization Errors</b>				<b>6. Previous AEFI</b>			
Did this AEFI follow an incorrect immunization? <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Yes <i>(If Yes, choose all that apply and provide detail in Section 10):</i>				Did an AEFI follow a previous dose of any of the above immunizing agents (in Table 4c)? <i>(Choose one of the following):</i>			
<input type="checkbox"/> Given outside the recommended age limits				<input type="radio"/> No <input type="radio"/> Yes <i>(provide detail in section 10)</i>			
<input type="checkbox"/> Dose # exceeded that recommended for age				<input type="radio"/> Unknown <input type="radio"/> Not applicable (no prior doses)			
<input type="checkbox"/> Wrong vaccine given							
<input type="checkbox"/> Product expired							
<input type="checkbox"/> Incorrect route							
<input type="checkbox"/> Other, specify: _____							
<b>7. Impact of AEFI, Outcome and Level of Care Obtained</b>							
<b>7a. Highest impact of AEFI:</b> <i>(Choose one of the following)</i>				<b>7b. Outcome at time of report:</b>			
<input type="radio"/> Did not interfere with daily activities				<input type="radio"/> Death* Date [Y Y Y Y M M D D] <input type="radio"/> Permanent disability/incapacity*			
<input type="radio"/> Interfered with but did not prevent daily activities				<input type="radio"/> Not yet recovered* <input type="radio"/> Fully recovered <input type="radio"/> Unknown			
<input type="radio"/> Prevented daily activities				<i>(Provide details in section 10 for items with*)</i>			
<b>7c. Highest level of care obtained:</b> <i>(Choose one of the following)</i>							
<input type="radio"/> Unknown <input type="radio"/> None <input type="radio"/> Telephone advice from a health professional <input type="radio"/> Non-urgent visit <input type="radio"/> Emergency visit							
<input type="radio"/> Required hospitalization (----- Days) <b>OR</b> <input type="radio"/> Resulted in prolongation of existing hospitalization (by ----- Days)							
Date of hospital admission [Y Y Y Y M M D D]				Date of hospital discharge [Y Y Y Y M M D D]			
<b>7d. Treatment received:</b> <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Yes <i>(Provide details of all treatments, including self treatment in section 10)</i>							
<b>8. Reporter Information</b>							
Setting: <input type="radio"/> Physician Office <input type="radio"/> Public Health <input type="radio"/> Hospital <input type="radio"/> Other, specify: _____							
Name:		Phone: ( ) - (ext#: )		Fax: ( ) -			
Address:							
City:		Prov/Terr:		Postal code:		Date reported: [Y Y Y Y M M D D]	
Signature:				<input type="radio"/> MD <input type="radio"/> RN <input type="radio"/> IMPACT <input type="radio"/> Other, specify: _____			

Note: Discuss with patient or their parent/caregiver reason for reporting and confidentiality of information



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**Appendix 4 – Examples of Roles and Responsibilities<sup>17</sup>**

**Note, this chart assumes a clinic with at least 2 health care professionals and 4 volunteers.**

Roles	Responsibilities
<p><b>Clinic Planner/Coordinator</b>            This role may be filled by a nurse, physician or community leader with skills and abilities related to coordinating /managing large events.</p>	<ul style="list-style-type: none"> <li>• Liaise with community leaders and regional health authorities.</li> <li>• Oversees the general operation of the Mass Immunization Clinic.</li> <li>• Provides leadership, support and feedback to clinic team members.</li> <li>• Determines and confirms location of clinics. Coordinates with facility contact person to confirm site &amp; set up.</li> <li>• Confirms clinic schedule including dates and times in consultation with community leaders, and regional health authorities.</li> <li>• Ensures clinic dates, times, location &amp; other messages are communicated to appropriate individuals and/or media relations.</li> <li>• Communicates clinic dates and times to the Immunization team through verbal messaging and posters.</li> <li>• Establishes staffing schedules, coordinates orientation and assigns responsibilities for staff and volunteers.</li> <li>• Notifies maintenance persons responsible for room set up.</li> <li>• Ensures adequate supplies are available for the clinic(s).</li> <li>• Identifies need for additional supplies and arranges delivery of supplies as needed.</li> <li>• Ensures accessibility for the physically challenged.</li> <li>• Coordinates and provides any necessary communications regarding logistics, staffing etc. to public health authorities.</li> <li>• Coordinates all logistics, staffing, administration, nursing, emergency medical services/first responders and volunteers for clinic.</li> <li>• Arranges for external signs for clinic and parking.</li> <li>• Reviews staffing needs with medical/nursing personnel and provides for the surge capacity required.</li> <li>• Coordinates orientation of staff and volunteers and assigns responsibilities to clinic staff.</li> <li>• Ensures cold chain monitoring is optimal.</li> <li>• Liaises with local police for security assistance if required.</li> <li>• Reports to public health/regional health authorities as required.</li> <li>• Arranges clinic meetings at the start and end of the day as required.</li> <li>• Ensures daily statistics are submitted to public health authorities: the number immunized; deferred; referred and treated for adverse events; nature of adverse events.</li> <li>• Ensures that emergency telephone numbers for key clinic functions/staff (e.g. medical officer of health, supervisor, person in charge of facility, cleaners) are available.</li> <li>• Plans for bio-medical waste management.</li> <li>• Responds to issues as they arise.</li> </ul>
<p><b>Floater/Team Leader</b>            This position should</p>	<ul style="list-style-type: none"> <li>• Oversees and monitors the team for that day.</li> <li>• Oversees the immunization delivery process:               <ul style="list-style-type: none"> <li>○ Opens and closes clinic in partnership with the Clinic Site</li> </ul> </li> </ul>



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Roles	Responsibilities
<p>ideally be filled by a Nurse. This role provides assistance to all clinic staff and volunteers and is available to answer questions, assist with emergencies and answer questions regarding the immunization process.</p>	<p>Planner/Coordinator.</p> <ul style="list-style-type: none"> <li>○ Directs people to designated entrance.</li> <li>○ Receives delivery of vaccines for the day and is responsible for confirming that the number of doses received is the same as the number on the control sheet accompanying the vaccine.</li> <li>○ Ensures the safe storage and handling of vaccines; ensures cold chain is maintained.</li> <li>○ Ensures clean-up is complete and supplies are restocked at the end of the shift.</li> <li>○ Ensures vaccine is maintained between +2° C and +8° C at all times.</li> <li>○ Monitors supplies and restocks as needed.</li> <li>○ Ensures vaccine and supplies are secure.</li> <li>○ Monitors staff adherence to immunization clinic policies and procedures (i.e. safe disposal of sharps, maintenance of cold chain, etc.).</li> <li>● Ensures clinic staff and volunteers adhere to documentation/confidentiality of information as well as clinic policies and procedures.</li> <li>● Works with Clinic Site Coordinator to problem solve issues that may arise with staff.</li> <li>● Assists emergency personnel with medical emergencies and refers to 911 or the ER if available or local emergency procedure/personnel.</li> <li>● Manages adverse events, and administers epinephrine for anaphylaxis if required. Prepares and submits report, including the nature of the adverse event.</li> <li>● Assists with immunization for break coverage, and peak periods as required.</li> <li>● Prepares written reports as required or assigned.</li> <li>● Attends clinic meetings scheduled at the start and end of the day.</li> <li>● Other duties as assigned.</li> </ul>
<p><b>Administration Support</b> This role may be filled by staff if available or a volunteer</p>	<ul style="list-style-type: none"> <li>● Supervises the administrative aspects of the clinic such as registration process, data collection, volunteer support, data entry and supply management.</li> <li>● Maintains supply lists.</li> <li>● Liaises with the Clinic Coordinator/Planner and Team Leader/Floater on complex issues.</li> <li>● Attends clinic meetings scheduled at the start and end of the day.</li> <li>● Prepares administration staff schedule and reports staffing needs to Planner/Coordinator daily.</li> <li>● Coordinates communications for the Clinic Planner/Coordinator and Team Leader.</li> <li>● Problem solves with administrative staff/volunteers and clinical staff.</li> <li>● Ensures adequate supplies (i.e. forms, pens, clipboards, etc.) are available at the clinic site.</li> <li>● Coordinates volunteer activities and updates volunteers as required.</li> <li>● Collates the Immunization Screening and Consent Form from the</li> </ul>

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Roles	Responsibilities
	<p>immunization stations and files into a folder for people who have received their immunization.</p> <ul style="list-style-type: none"> <li>• Arranges food &amp; water for clinic staff daily (as needed).</li> <li>• Ensures the clinic registration area is clean.</li> <li>• Completes any documentation required.</li> <li>• Other duties as assigned.</li> </ul>
<p><b>Greeter</b> This position may be filled by a staff member if available or a volunteer.</p>	<ul style="list-style-type: none"> <li>• Greets and welcomes individuals as they arrive and sends those displaying signs and symptoms of influenza-like illness (ILI) home to return when they are well or directs them to the nurse/floater for further assessment.</li> <li>• Directs individuals to the registration area.</li> <li>• Ensures orderly lines for registration.</li> <li>• Ensures signs at entrance are visible and in place at all times.</li> <li>• Informs and answers questions regarding the registration process and the completion of the <i>Immunization Screening and Consent Form</i>.</li> <li>• Directs individuals to read signs regarding eligibility and procedures.</li> <li>• Provides reassurance and communicates projected wait times to those in the line-up.</li> <li>• Directs all medical questions and vaccine questions to a nurse. Greeters should <b>not</b> attempt to answer any medical questions.</li> <li>• Assists small children and elderly as needed.</li> </ul>
<p><b>Registration</b> This role may be filled by staff if available or a volunteer.</p>	<ul style="list-style-type: none"> <li>• Sets up registration area and ensures adequate supplies at station (e.g. pens, screening forms, consent forms, clipboards, etc.).</li> <li>• Refers individuals to team leader/floater or clinic planner/coordinator for questions regarding eligibility.</li> <li>• Provides Screening and Consent Form and instructs individuals to read the information, complete it and give it to the nurse prior to immunization.</li> <li>• Refers people to the immunization nurse for answers to questions.</li> </ul>



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<p><b>Immunization Nurse(s)</b> This role should be filled by nurses with appropriate certification/training.</p>	<ul style="list-style-type: none"> <li>• Greets individuals at the immunization desk/station and reviews their <i>Immunization Screening and Consent Form</i>.</li> <li>• Defers immunization if contraindications noted in screening information.</li> <li>• Answers questions &amp; concerns.</li> <li>• Administers immunization if no precautions or contraindications.</li> <li>• Ensures sharps are placed in sharps containers.</li> <li>• Observes individuals for allergic and adverse reactions to immunization while at immunization desk/station.</li> <li>• Provides documentation of immunization.</li> <li>• Keeps documentation in a safe place.</li> <li>• Provides post vaccination care and advises individuals to wait 15-20 minutes in the post immunization/observation area.</li> <li>• Documents vaccine name, lot number, dose &amp; site on the <i>Immunization Screening and Consent Form</i>.</li> <li>• Advises individuals of post immunization symptoms.</li> <li>• Responds/assists with adverse event management.</li> </ul>
<p><b>Post Immunization Observer</b> Staff or volunteer with first aid training.</p>	<ul style="list-style-type: none"> <li>• Advises individuals to stay in the post-immunization waiting area for 15-20 minutes after their immunization.</li> <li>• Directs individuals to complete the Public Evaluation Form (if this is to be completed) while waiting.</li> <li>• Directs individuals to read posted signs in post immunization waiting area.</li> <li>• Signs will indicate: <ul style="list-style-type: none"> <li>○ Please remain in the Post-immunization area for 15-20 minutes after your immunization.</li> <li>○ If you start to feel any of the following symptoms (List symptoms) please ask for assistance.</li> <li>○ Remember to return for your second dose (if required) in 3 weeks.</li> <li>○ If you have any questions or concerns when you go home please contact your health care provider.</li> </ul> </li> <li>• Notifies nurse/floater immediately to obtain assistance if an individual states that they are not feeling well.</li> <li>• Monitors observation time.</li> <li>• Assists with adverse reactions as required.</li> <li>• Directs individuals to the exit door when observation time completed.</li> </ul>

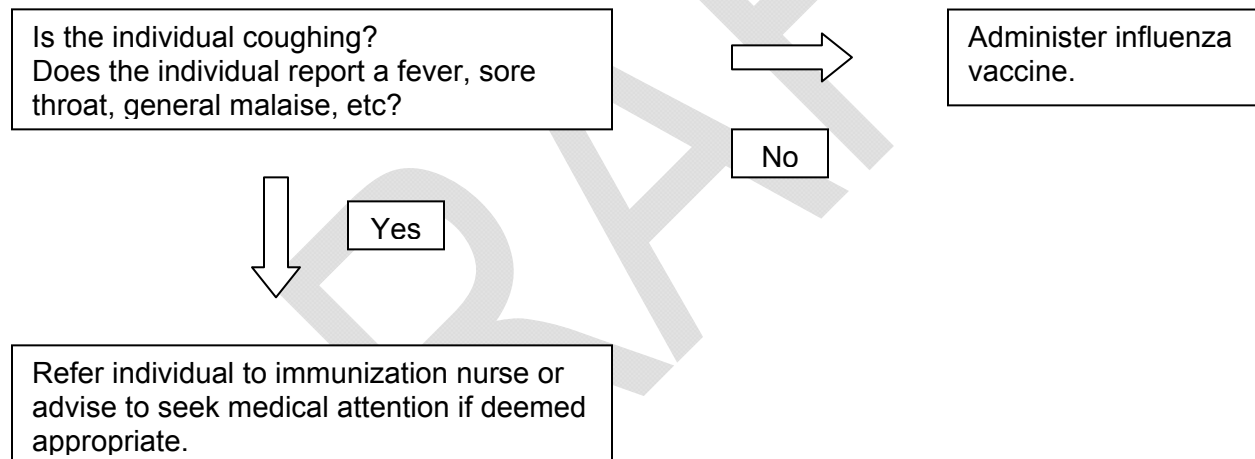


## Appendix 5 – Screening for Influenza Like Illness (ILI) Algorithm<sup>17,19</sup>

Note: where there are jurisdiction specific forms, it is recommended they be used

### **Influenza-like illness (ILI) screening criteria for clinical purposes in the context of pandemic (H1N1) 2009 are defined as:**

- Sudden onset of fever  $>38^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ )<sup>3</sup> and new or worsening cough.
- One or more of the following symptoms are common:
  - Sore throat
  - Coryza (runny nose, congestion)
  - Fatigue/malaise/prostration
  - Myalgias/arthralgias (Muscle/joint aches)
  - Headache
  - Decreased appetite
  - Nausea, vomiting and diarrhea are sometimes present (rare in people over 65 years of age)



<sup>3</sup> Note, epidemiological data (from April-August 2009) showed that in laboratory confirmed patients: 100% of children under 2 presented *with* fever; 90% of pregnant women presented *with* fever; and 50% of people >65 presented *without* fever. Atypical presentations were most common in infants, the elderly and the immunocompromised.



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### Appendix 6 – Immunization Table Set-Up List<sup>17</sup>

- 1 Plastic Table Cloth
- 2 Stations – 1 at each end of the table
- 1 Dividers separating stations

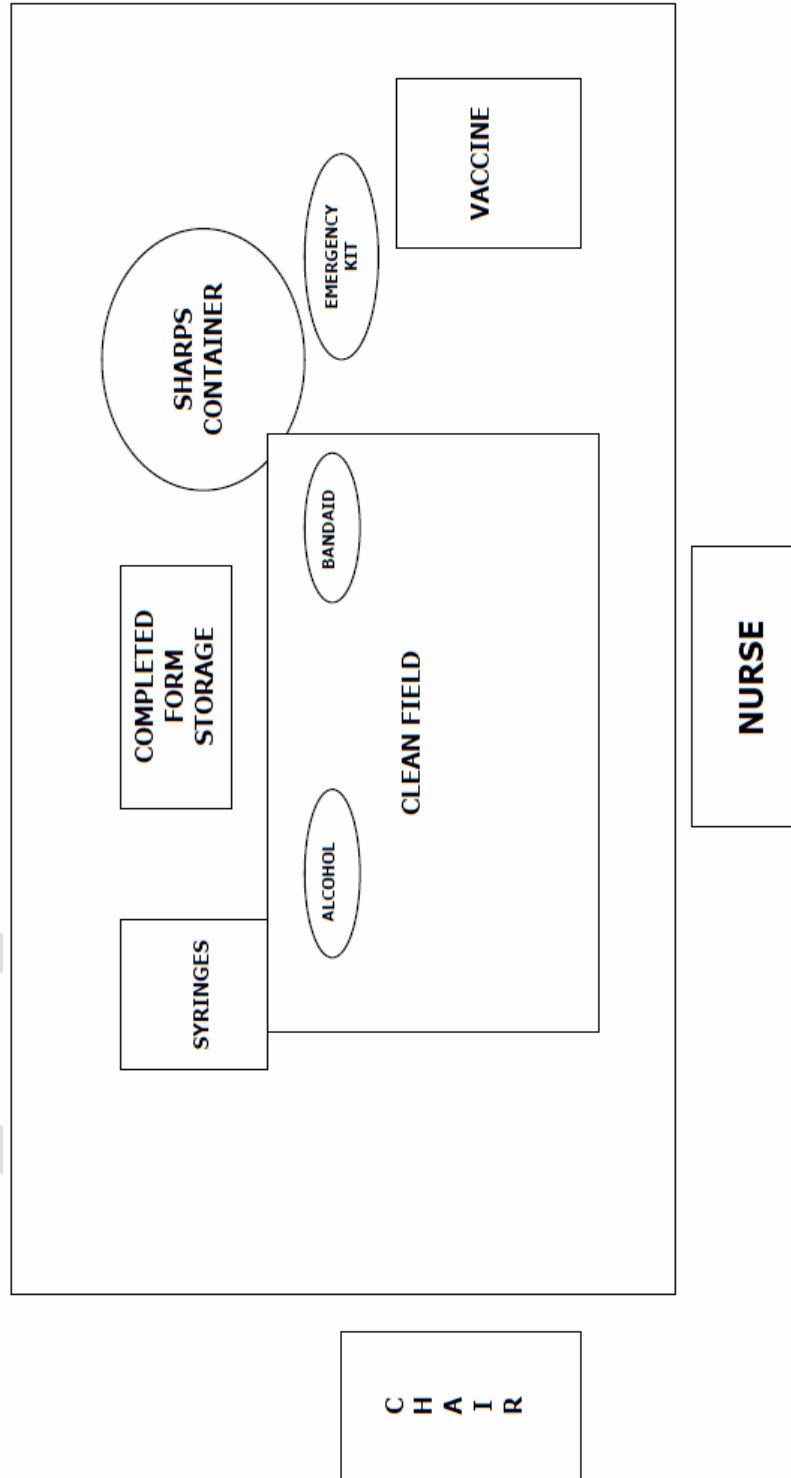
Each station has:

Equipment/Supply	Quantity	Stores Number
Sharps Container (lg & sm)	1	
Alcohol Swabs	1 box	
Cotton Balls	1 bag of 100	
Band-Aids	1 box	
Syringes (3cc)	1 box of 100	
1" 25 gauge needles	25	
7/8" 25 gauge needles	20	
5/8" 25 gauge needles	20	
1 1/2" 25 gauge needles	20	
Pens	4	
Paper Clips	1 box	
Garbage Can	1	
Isogel Station	1	
Kleenex	1	



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**Appendix 7 – Layout for Vaccine Administration Tabletop or Station<sup>7</sup>**





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**Appendix 8 – Clinic Equipment List<sup>17</sup>**

Equipment requirements will be dependent on the facility selected, and the expected clinic capacity. A secure area should be identified for receiving and maintaining supplies and equipment.

Equipment/Supply	Quantity Required
<b>Facility Name:</b>	
<b>Immunization Supplies &amp; Equipment</b>	
Vaccine (10 doses/vial)	
Adjuvant	
3cc syringes with 25 G 1" needle (100 per box)	
3cc syringes with 25 G 7/8" needle (100 per box)	
3cc syringes with 25 G 1 1/2" needle (100 per box)	
25 G 1" needles (100 per box)	
20 G needles to draw up vaccine	
5 cc Syringes for reconstitution	
Smart tips ( __ per box)	
Alcohol wipes ( __ per box)	
Betadine for people allergic to alcohol wipes	
Cotton balls	
Band-aids	
Sharps containers (various sizes)	
X-Large sharps containers for transportation	
Gloves – medium size (vinyl) (100 per box)	
Gloves – medium size (latex) (100 per box)	
Alcohol hand sanitizers	
Sani /Cavi Wipes	
Surgical/Procedure masks	
Absorbent paper table cover	
Brown paper bags	
Coolers	
Ice and gel packs for vaccine coolers	
Warm/ Freeze marks	
Anaphylaxis kits & extra epinephrine	
<b>General Supplies &amp; Equipment</b>	
Tables	
Chairs	
Privacy screens	
Cots/mats	
Blankets	
Traffic ropes/tape	
Garbage bins (various sizes)	
Garbage bags (various sizes)	
Signage (directions, area names etc)	



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Spray cleaning solution	
Paper towel	
Kleenex/ Toilet paper	
Flashlight	
Carts for wheeling supplies	
<b>Documentation &amp; References</b>	
Vaccine information/consent/screening forms	
Vaccine administration cards	
Adverse event forms	
Incident report forms	
Emergency phone list	
Master schedule	
Sign-in / Sign-out sheets	
Policy & procedure manual	
CIG manual	
SIM manual	
<b>Office Supplies</b>	
Pens/Pencils	
Paper	
Post-it notes	
Envelopes	
High lighters	
Permanent black marker	
Masking tape (rolls)	
Sticky tack (to hang posters)	
Clear tape	
Scissors	
Staplers/ Staples	
Clipboards	
Blue stickers to identify high risk clients	
H1N1 Immunization cards (produced and distributed by the MOH).	
Date stamps, Stamp pads	
File boxes	
ID badges for staff	
<b>Training and Communications Equipment</b>	
Computers	
Photocopier, printers and paper (perhaps already in facility)	
Two-way hand-held radios or messaging devices for key personnel and security staff	
VCR/DVD/TV (for orientation and training, as necessary)	
Telephones (Land Line for local and long distance calls)	
Cell phones	
2 way radios	



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**Appendix 9 – Vaccine Tracking Record<sup>17</sup>**

Where there are jurisdiction specific forms, it is recommended they be used.

Community	Immunization Nurse:
Date /yyyy /m /d	

Vaccine Name and Lot Number(s)	
# Doses Received	
# Doses Wasted	
# Doses Administered	
# Doses Lost to Cold Chain	
# Doses remaining (return to SSC)	

Date /yyyy /m /d	Name	1	2	3	4	5	Dose 1	Dose 2
Totals for this page								



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**Appendix 10 – Influenza Vaccine Use Summary<sup>17</sup>**

Community		
Date /yyyy /m /d		Clinic Nurse

Vaccine Received	Health Region or	Lot #	Lot #	Total Doses
# of doses received from	N/A			
# of doses sent/received from (+/-) Regional Health Authority				(+/-)
# of doses returned to Regional health Authority for redistribution				(-)
<b>Total Doses Received</b>				

Vaccine Wasted	Doses	
Amount wasted		
Amount wasted (partially used vials or unopened vials)		
Amount of faulty or unusable product		<b>Total Doses Received minus Doses Wasted = Total Doses Remaining</b>
<b>Total Doses Wasted</b>		



### Appendix 11 – Immunization Record Card<sup>17</sup>

**This card could be mass produced if required**

<p><b>Immunization Record</b></p> <p>Name: _____ Date of Birth: _____</p> <p>Dose # 1: _____ <i>Date</i>                      <i>Lot #</i></p> <p>Dose #2: _____ <i>Date</i>                      <i>Lot #</i></p> <p><b>This record must be presented prior to receiving Dose #2. This is your permanent record – keep it in a safe place.</b></p>
<p><b>Immunization Record</b></p> <p>Name: _____ Date of Birth: _____</p> <p>Dose # 1: _____ <i>Date</i>                      <i>Lot #</i></p> <p>Dose #2: _____ <i>Date</i>                      <i>Lot #</i></p> <p><b>This record must be presented prior to receiving Dose #2. This is your permanent record – keep it in a safe place.</b></p>
<p><b>Immunization Record</b></p> <p>Name: _____ Date of Birth: _____</p> <p>Dose # 1: _____ <i>Date</i>                      <i>Lot #</i></p> <p>Dose #2: _____ <i>Date</i>                      <i>Lot #</i></p> <p><b>This record must be presented prior to receiving Dose #2. This is your permanent record – keep it in a safe place.</b></p>





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### Appendix 13 – Public Evaluation Form<sup>17</sup>

Please complete the following evaluation form. Lessons learned will better enable us to provide future mass immunization clinics. Thank you in advance for your time.

1. I am  Female  Male
2. I am \_\_\_\_\_ years old
3. I live in \_\_\_\_\_ Community.
4. Did **you** receive an H1N1 vaccination today?  Yes  No
5. Did you bring anyone else with you today to receive an H1N1 Vaccination? (check all that apply)  
 No, just myself  Children in my care  Elders  Other \_\_\_\_\_
6. How did you hear about the clinic?  

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio
<input type="checkbox"/> Co-worker/ friend	<input type="checkbox"/> Band Hall
<input type="checkbox"/> Community Health Nurse	<input type="checkbox"/> Poster
<input type="checkbox"/> Home Care Nurse	<input type="checkbox"/> Other _____
7. Did you have enough information about the H1N1 vaccine before receiving it?  
 Yes  No
8. Are there other things about the H1N1 vaccine you would like to know about?  

<input type="checkbox"/> Ingredients	<input type="checkbox"/> How well it works
<input type="checkbox"/> Potential side effects	<input type="checkbox"/> Other _____
9. Was the location of the clinic suitable?  
 Yes  
 No, if no where would have been better? \_\_\_\_\_
10. What was your greatest influence to participate today? (check all that apply)  

<input type="checkbox"/> It was free.	<input type="checkbox"/> Emergency preparedness
<input type="checkbox"/> Concern for my health	<input type="checkbox"/> Location of clinic
<input type="checkbox"/> I am scared of getting sick	<input type="checkbox"/> concern for the health of others
<input type="checkbox"/> Convenient time of clinic	<input type="checkbox"/> Nurse promotion
<input type="checkbox"/> Other _____	
11. The amount of time you waited before receiving an H1N1 shot was:  
 Shorter than expected  
 About the same amount of time expected  
 A bit longer than expected but not unreasonable  
 Unreasonably long.
12. What was the approximate amount of time you spend waiting **before** you received your immunization today? \_\_\_\_\_



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