



2020 Novel Coronavirus (COVID-19)
Interim Guidance for Mass Clinics During the COVID-19 Pandemic

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Introduction

The COVID-19 pandemic has dramatically challenged our approach to healthcare over the past months. With the anticipated influenza season soon-to-be upon us and the continuation of the COVID-19 pandemic, the implementation and delivery of mass clinics, including those for the delivery of the seasonal influenza immunization will face unique challenges. The purpose of this guidance is to provide support in the development of a plan for the delivery of mass clinics within the context of public health measures and the ongoing pandemic.

The guidance associated with immunization clinics within the pandemic context has been developed based upon the recommendations of the Public Health Agency of Canada (PHAC), the Canadian Immunization Committee (CIC) and the National Advisory Committee on Immunization (NACI). See Yukon Immunization Program 2020-2021 statement on the seasonal influenza vaccine use in YT.

For the 2018-2019 influenza season, the overall influenza vaccination coverage in Canadian adults was 42% (PHAC, 2019). Given the pandemic and the change in health-seeking behaviors in other countries experiences during their seasonal influenza season, as a territory, we can anticipate an increase in persons presenting for seasonal flu immunization. Using data from the southern hemisphere countries and the seasonal influenza vaccination rates for fall-winter 2019-2020, we can anticipate similar changes here in the Yukon. For example, this year in Australia, a record number of Australians received influenza vaccination – 18 million, up from 13.2 million in 2019 (Ministers Department of Health Australia, 2020).

With an anticipation in increased uptake of the seasonal influenza immunization and the COVID-19 pandemic, mass clinics present some particular obstacles and challenges for implementation. These challenges include:

- Measures in place to avoid transmission of COVID-19
- Sufficient supplies, including PPE and human resources
- Sufficient space to accommodate implementation of recommended public health measures
- Anticipated increased demand for vaccine

This document provides interim considerations for Yukon mass clinics regarding provision of care to clients during the COVID-19 pandemic. The goal of this document is to assist providers in the preparation to resume services and to provide essential services during the pandemic.

Background information on 2019 Novel Coronavirus (COVID-19) can be found at the PHAC <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

Refer to current COVID-19 Testing recommendations for testing indication and immediate case management requirement, available at

http://www.hss.gov.yk.ca/health_professionals_guidelines.php

Guidance for testing, clinical care and infection control can be found at Guidelines for Health Professionals at http://www.hss.gov.yk.ca/health_professionals_guidelines.php

How to prepare your mass clinic

- Educate all staff about this situation and specifically about how the virus is spread, that risk of infection is to close contacts and can be prevented with contact and droplet precautions, including:
 - Institute processes to support 2 metre physical distancing for all interactions.
 - Post signs to help patients self-identify as having signs/symptoms or risks factors as outlined in the established screening criteria (see Screening for COVID-19 for more information).
 - Reception staff/greeters should be trained in identifying potential cases.
 - Clinical staff should be familiar with contact and droplet precautions.
 - Appropriate equipment and cleaning materials should be available: required PPE supplies, clinical equipment and cleaning supplies. No PPE is required in a community setting outside a 2 metre range.
- Develop a plan for the screening of volunteers/staff
 - This may be active screening for symptoms (staff can be screened prior to entrance for symptoms) or they can be instructed to complete the online COVID-19 self-assessment prior to each working day

Illness

The health of all staff and clients is paramount. No staff members, including administrative, physicians, nurses and nurse practitioners, should work while sick, including those with mild symptoms.

Hygiene

The continuation of basic public health measures shown to reduce the risk of transmission and acquisition of COVID-19 is imperative to all interactions:

- Physical/social distancing
- Hand hygiene
- Respiratory etiquette

Frequent and diligent hand hygiene should be conducted using soap and water or an alcohol-

based hand rub (at least 70% alcohol). Staff are encouraged to wash or disinfect hands regularly including:

- When entering the clinic
- After using the restroom
- Before and after contact with patients or when doing a procedure
- After removing PPE
- After touching contaminated surfaces or items
- Before eating

Reminders about hand hygiene can be found here: https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid_handwashing_web.pdf

Selecting a site for your mass clinic

Given the challenges posed by the COVID-19 pandemic and our current public health measures, it is important to consider a wide range of strategies for the implementation of the mass clinics. It is important to note that the goal is to reduce crowding while maintaining or increasing delivery of services including vaccine uptake.

When selecting your site, it is important to know your present target population and population's prior history. For example, if planning a mass vaccination clinic, it is important to know the past years' immunization rate and numbers. In this case, if you are not aware of the numbers and rates, please contact Yukon Immunization Program.

If your current location is not large enough to accommodate a larger number of clients, consider other locations. This could be one larger location or multiple smaller locations. This may include considering location that have not been used in the past, This may include in Whitehorse a convention/conference centre, Canada Games Centre or in rural Yukon, a school gymnasium or the community recreation centre. Consideration should be given to:

- Is it preferable to have multiple, small clinics or one large public venue?
- How much set-up and take down time is needed? Can the clinic be set-up and used over an extended time period?
- Is the location centrally-located and easily accessible, by foot, car or public transportation?
- Is there available parking, wheel-chair accessibility?
- Are there separate entrances and exits to allow for a one-way traffic flow?
- Is the space large enough to accommodate the anticipated number of people while maintaining social distancing?
- Is the space adequate for set up for registration table, provision of care (i.e. immunization)?

- Is a post care or post-vaccine waiting area needed?
- Can the clients safely queue? Consider time of year and weather conditions – outdoor queue may not be feasible
- Can we collaborate with other healthcare workers or volunteers assure adequate support?

Developing your plan

When setting up for your clinic, be sure to have a floor map or plan to better understand the layout and traffic patterns of your space.

In your set-up, make sure you have included the following:

- Reception area
- Waiting area or queue
- Delivery of care
- Post-care/vaccination waiting area
- Medical emergency space, if required

In the development of your plan, also consider the people you will need as well as what training or supports may be needed and how to best utilize the skills of those involved. For instance, having a nurse be a “traffic director” may not be the best use of their skills, as a trained volunteer could be used to support this activity. In small communities, the same person may be used for multiple roles. Because of the pandemic, anticipate needing a greater number of staff to assist in the daily activities:

- Greeters and screeners
- Site manager and a clinic lead
- “traffic director”
- Nurses and other healthcare workers for the following activities as appropriate:
 - Drawing up and preparing vaccinations
 - Administering immunizations
 - Managing medical emergencies
 - Triage, taking vital signs
 - Assessing and/or treating patients
 - Required documentation
- Cleaners
- Runners

Adaptations to usual immunization procedures (NACI, 2020)

- ✓ Screening for illness/exposure to COVID-19 – staff, volunteers and clients
- ✓ Physical distancing – may affect the physical layout and number of clients that can be accommodated at any given time
- ✓ Infection prevention and control (IPC) requirements, including the need for personal protective equipment (PPE)
- ✓ Increased environmental cleaning
- ✓ Potential need for longer hours and increased staff
- ✓ Use of appointment systems to reduce clinic crowding
- ✓ Use of technology and other methods to reduce contact (e.g., on-line registration, paperless registration, consent and recording processes)
- ✓ Visible and audible communications explaining COVID-19 adaptations to influenza immunization campaigns in accessible formats

Entrance and reception area

- Have signage available reminding clients not to enter if ill, to use hand sanitizer upon entrance, to practice physical distancing and respiratory etiquette
- Minimize contact with individuals
 - Ensure physical/social distancing
 - Consider placing floor markings to denote appropriate distancing
 - Consider adding a barrier (e.g. Plexiglas) or place duct tape on the ground to encourage physical distancing
 - Stagger appointment times
- Create an area for patient screening and hand sanitizing
- Limit places for patient interaction and disinfect after each client
- Avoid using shared items such as pens and pencils
- Have masks available for patients if they are presenting with ILI-symptoms/COVID-19

Waiting area or queue

- Promote social distancing by spacing of chairs and/or demarcating 2 metres distances on the floor
- Remove any unnecessary items, such as books, magazines, children's toys, etc.
- Have a receptacle available for tissue disposal
- Minimize the number of clients (and any accompanying family members) permitted at one time
- Prepare the restrooms – clean frequently, assure an adequate supply of soap, paper

towels and proper waste receptacle

- Post visual cues and notices about proper respiratory hygiene, social distancing and hand washing. Resources can be found here: <https://yukon.ca/en/health-and-wellness/covid-19/download-covid-19-resources>
- Wherever possible, use wipeable surfaces in stead of fabric surfaces

Common areas for staff and clients

- Consider ways to minimize traffic flow in common areas, such as hallways
 - Consider placing physical markings on the floor indicating direction of traffic
 - Depending on the space and the anticipated number of clients, consider a separate entrance and exit.

Common staff areas

- Limit the number of staff allowed at once time
- Encourage social distancing
- Disinfect frequently touched surfaces often throughout the day
- Consider staggering lunch breaks
- Post visual cues promoting hand hygiene and respiratory etiquette

Clinical areas

Consider how your team would like to approach delivering care to clients. There are several possibilities to consider and you are encouraged to discuss, formulate and implement a plan with your staff that is best suited for your clinical environment/setting and human resources.

Clinic plans may include some of the following:

- Set up several tables as stations at least 2 metres apart
- Stagger patients to allow for continuous cleaning and provision of care
- Consider alternate options for provision of care, provided safety, best practice and ICP indicators can be met. This may include a drive up plan where the client/s can remain in the vehicle. Discuss option and ideas with your management team and program manager as appropriate
- Used curtains or dividers to create 'pods' as physical barriers if 2 metres can not be maintained, allowing for more persons to be seen
- Consider setting up specific areas or times for those who are immunocompromised or Elders

Screening for COVID-19

The most recent, screening criteria for COVID-19 can be found at: <https://yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-health-professionals>

If any of the symptoms or risk factors are present, please defer immunization. If someone is symptomatic, provide a mask to the client and direct them to self-isolate at home, call 811, their healthcare provider or RAC. Clients may also do the online COVID-19 self-assessment. For any medical emergency, isolate the client from others as much as possible and call 911.

Prior to arriving at your clinic, consider calling your clients to pre-screen them for COVID-19 symptoms and risk factors if appropriate. You can also encourage your clients to complete the Yukon online COVID-19 self-assessment 24 hours prior to attending the clinic.

At the centre

When the client arrives

- Have the client wash their hands with soap and water or use an alcohol based hand rub, with a minimum of 70%
- Re-screen the client, using the standardized screening tools for COVID-19
- Remind the client of physical distancing practices

What to do if your client screens “yes” for risk factors and/or symptoms of COVID-19

For the safety of the client, defer vaccination for all clients who screen “yes” for risk factors for and/or symptoms of COVID-19. If the client is symptomatic, hand the client a mask, direct them to go home and self-isolate and to do one of the following:

- Contact their healthcare provider
- Complete the COVID-19 online self-assessment
- Call for an appointment at the RAC or community health centre
- If urgent medical care is needed, call 911
- For sites where clinical staff are providing both the mass clinic and testing for COVID-19, consideration should be given to creating a follow-up planning for testing at time of screening ‘yes’.

When the client is in the immunization pod/unit

- Maintain appropriate physical distancing
 - Review the immunization risks and benefits with the patient

- Obtain consent for the immunization
- No physical greetings/handshakes
- Wash hands
- Don PPE as indicated, if needed, for the encounter (see below)
 - Additional information on how to don PPE can be found here:
[https://yukon.ca/sites/yukon.ca/files/hss/hss-
imgs/donning_ppe_droplet_and_contact_march_2020.pdf](https://yukon.ca/sites/yukon.ca/files/hss/hss-
imgs/donning_ppe_droplet_and_contact_march_2020.pdf)

When the client is leaving

- Have the client wash or disinfect their hands prior to leaving the clinic
- After client leaves, disinfect all patient contacted surfaces
- If equipment needs to be shared among patients, clean and disinfect it between use for each individual patient (e.g., by using ethyl alcohol 70%).³
- If PPE was used, doff PPE
 - Additional information on how to doff PPE can be found here:
[https://yukon.ca/sites/yukon.ca/files/hss/hss-
imgs/doffing_ppe_droplet_and_contact_march_2020.pdf](https://yukon.ca/sites/yukon.ca/files/hss/hss-
imgs/doffing_ppe_droplet_and_contact_march_2020.pdf)

Personal Protective Equipment (PPE)

For specific information, regarding recommended practices and PPE in the context of a mass clinic where pre-booked appointments are not being used. **Ensure you are accessing the PPE recommendations for mass clinics:** <https://yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-health-professionals>

How to transfer clients to hospital if further assessment or management is required

- It is very important that patients be transferred for further assessment in a controlled and organized manner. Efforts should be made to limit the use of ambulance service unless deemed medically necessary. Clients should take their own vehicle if they can drive themselves or be driven by someone who has already had close contact with them. Otherwise, clients may need to be transferred via ambulance.
- The receiving institution and the dispatch service should be notified that COVID-19 is on the differential diagnosis, so they can take appropriate precautions. This must occur prior to the patient leaving the clinic setting.

- Ask clients to go to the ED ONLY if urgent/emergent medical attention is required. If directing the client to ED, call the receiving Emergency department to ensure the appropriate infection prevention and control precautions are in place (see how to transfer clients to hospital for additional direction).

Environmental cleaning

- Increased frequency of cleaning high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak.³
- Routine cleaning with a disinfectant having both a broad spectrum virucide claim (i.e. “broad spectrum sanitizer, virucidal”) and a drug identification number (DIN) as printed on the product label, when used according to the manufacturer's instruction is sufficient.¹
 - General cleaning should occur at least twice daily
- Public areas where the client has passed and spent minimal time in (such as waiting rooms) require no additional cleaning.
- Shared equipment should be cleaned between clients – this includes blood pressure cuffs, thermometers, otoscopes, baby scales and examination beds/tables.

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