



# COVID-19/Influenza Safety Huddle for Long-Term Care

## Safety Huddle Instructions

- The safety huddle is a time to connect as a full group prior to the start of each clinic to review important information
- Review information with team after set-up is complete & prior to immunization
- It is expected **ALL** staff and volunteers are invited and attend the safety huddle

## Part 1: Information for ALL Staff (Including Volunteers)

Date: \_\_\_\_\_ Clinic Site: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Notes:

## Anaphylaxis Team

All Anaphylaxis team members should be familiar with BCCDC Decision Support Tool: [Anaphylaxis: Initial Emergency Treatment by Nurses \(Adult & Pediatric\) Clinical Decision Support Tool](#). Immunizers with appropriate scope designation will be assigned as Responder #1 & #2. Encourage designated Anaphylaxis team to run one practice drill prior to clinic start.

Anaphylaxis Kit(s) Location:

Cell Phone (Keep facility address near cell phone):

Anaphylaxis Responder #1 (provides assessment & treatment):

Anaphylaxis Responder #2 (recorder):

Calls 9-1-1:

Crowd Control:



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## Part 2: Information for Clinical Staff

### Additional Safety Reminders: Clinic Lead to Review

- Review clinic flow, product specific information, staff resources available and any program changes
- Remind staff to take their time to ensure safe practice
- **PRACTICE ALERT: All pre-draw of any vaccines is no longer permitted**
- At start of clinic: Identify who needs training/support with preparing and drawing up vaccine. Assign experienced nurse to partner up with immunizer.
  - Recommended support: Immunizer watches 3 doses being drawn up, then draws 3 doses with support. Continue until comfort level reached.
  - Reconstituting vaccine: Immunizer should demonstrate reconstitution 1 time. Continue until comfort level reached.
- Practice ALERT: Bivalent Spikevax (Moderna) 0.5mL Vial has **Royal Blue Vial Cap** with **Green Label Border**, pay careful attention to vial and carton labels. Do not have multiple vaccines at stations to avoid medication errors.
- **Bivalent Spikevax (Moderna) 0.5mL** and **Comirnaty Bivalent (Pfizer)** are only for BOOSTER doses, not approved for primary series.
- See BCCDC Immunization Manual: COVID-19 Vaccine Eligibility for Preferred product for BOOSTER doses

Notes:



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**Vaccine(s) on Hand: Bivalent Spikevax (Moderna) 0.5mL** \*ALERT: Vial has **Royal Blue Vial Cap** with **Green Label Border**

Dose & Schedule:

Target group(s) for this product:

Maximum length of time vial can be stored at room temperature: **24 cumulative hours**

Once punctured, vaccine must be used within **24 hours**

Thawing Requirements:

**Vaccine(s) on Hand: Comirnaty Bivalent (Pfizer) 0.3mL**

Dose & Schedule:

Target group(s) for this product:

Maximum length of time vial can be stored at room temperature: **12 hours prior to first puncture**

Once punctured, vaccine must be used within **12 hours**

Thawing Requirements:

**Vaccine(s) on Hand: Spikevax (Moderna) 0.5mL**

Dose & Schedule:

Target group(s) for this product:

Maximum length of time vial can be stored at room temperature: **24 cumulative hours**

Once punctured, vaccine must be used within **24 hours**

Thawing Requirements:

**Vaccine(s) on Hand: Comirnaty (Pfizer) Adult-Adolescent 0.3mL**

Dose & Schedule:

Target group(s) for this product:

Maximum length of time vial can be stored at room temperature: **2 cumulative hours prior to dilution**

Once diluted, vaccine must be used within **6 hours**

Thawing/Diluting Requirements:



# COVID-19/Influenza Safety Huddle for Long-Term Care

INFLUENZA 2022/2023		
Age Group	Vaccine	Comments
6-23 months of age	FLUZONE® QUADRIVALENT	
2-17 years of age	FLUMIST® QUADRIVALENT FLUZONE® QUADRIVALENT	
18-64 years of age	FLUZONE® QUADRIVALENT	FLUMIST® QUADRIVALENT may be offered to those 18-59 years of age who have needle phobia and are unwilling to get another influenza vaccine, provided informed consent includes that QIIV provides better protection against influenza for this age group.
65 years of age and older residing in the community	FLUAD®	FLUAD® is the preferred product for this population. If FLUAD® is unavailable, FLUZONE® QUADRIVALENT should be used.
65 years of age and older living in long-term care, assisted living facilities and First Nations communities	FLUZONE® HIGH-DOSE QUADRIVALENT (limited quantities available at mass clinics)	FLUZONE® HIGH-DOSE is the preferred product for this population. If FLUZONE® HIGH-DOSE is unavailable, FLUAD® should be used

**INFLUENZA VACCINES ON HAND AT CLINIC:** \_\_\_\_\_

**Doses & Schedule:** \_\_\_\_\_

\_\_\_\_\_



# COVID-19/Influenza Safety Huddle for Long-Term Care

Team Members Acknowledgement of Information from Safety Huddle	
Date	Name & Designation

## Alerts and Active COVID-19 Risk Factors

**Client Details** | **Vaccine Administration** | Clinic Location | Date

**Alerts (1)** | **Active COVID-19 Risk Factors** (2 Record(s))

**Immunization History**

- COVID-19 Immunization History (3 Record(s))
- Active COVID-19 Risk Factors** (2 Record(s))
- Adverse Events Following Immunization (0 Record(s))

**Informed Consent, Vaccine Recommendation & Deferral**

Date Obtained: 2021-05-02 | Provider: | Agent: COVID-19 mRNA | Consent Obtained From: Client; In Person

**Informed Consent**

Provider Type:  ImmsBC Provider (User)  Non-ImmsBC Provider (Contact)

Provider: Luba Lyons

**Informed Consent for Series Obtained from**

Client  Client (Mature Minor)  Substitute Decision Maker / Parent / Guardian  Consent Previously Obtained

**Vaccine Recommendation**

Provider Type:  ImmsBC Provider (User)  Non-ImmsBC Provider (Contact)

Provider: Luba Lyons

Vaccine Recommendation: Moderna mRNA-1273

**Immunization Information**

Immunizing Agent		Administration	
Provider	Provider ID	Route	
Agent	Lot Number	Reason for Immunization	*Injection Site
Trade Name	Dosage	Select an Option	Select an Option
Administration Comments			

**Alerts**

Effective From	Effective To	Alert Type	Message	View/Edit
2021-11-10		Other (Specify)	Recommended for 3-dose primary series of COVID-19 vaccine	View/Edit

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## Active COVID-19 Risk Factors (2)

<input type="checkbox"/> Risk Factor	Reported Date	Effective From Date	Effective To Date
<input type="checkbox"/> Special Population - COVID-19 3 Dose Primary Series (*)	11/10/2021		
<input type="checkbox"/> Special Population - COVID-19 Imms CEV (*)	06/02/2021	06/02/2021	



## Alerts (1)

New

Alert Name	Type of Alert	Alert Message
Recommended for 3-dose primary series of COVID-19 vaccine	Other (Specify)	Recommended for 3-dose primary series of COVID-19 vaccine <span style="float: right;">▼</span>