

## **Infection Control Measures for Mass Influenza Vaccination Clinics**

October 7, 2009

These guidelines are based on the following principles:

- the most important strategy is to keep ill persons from entering mass clinic facilities
- the triage process should be done as quickly as possible with minimum face to face contact with sick persons
- use of triage areas to exclude sick persons will protect the immunization staff, thus respiratory protection will be limited to staff in the triage areas.

General infection control principles and practices for local public health agencies may be found at <http://dhs.wisconsin.gov/communicable/InfectionControl/index.htm>

### **Clinic design**

To the extent possible, the physical characteristics of facilities used for mass influenza vaccination should include provision for a dedicated triage area, a waiting area where persons can maintain several feet of distance from one another, and an exit area separate from the entrance and triage areas.

Signs should be posted at entrances requesting that persons with febrile respiratory illnesses not enter the facility, if possible. Staff may choose to screen persons outside the facility as they arrive at the entrance. When triage occurs outside, staff members performing screening do not need to wear N95 respirators or surgical masks.

### **Triage areas**

Triage areas should be used to screen individuals with febrile respiratory illnesses, or signs and symptoms of other communicable diseases that would prevent them from entering the main clinic area. These areas should be supplied with surgical masks, tissues, alcohol-based hand sanitizers, waste baskets, and signs encouraging individuals to practice respiratory etiquette, hand hygiene, and social distancing if they must be in the triage area.

Ill persons should be given advice to seek medical care if needed and be dismissed from the triage area immediately. If unable to leave right away, they should be asked to wear surgical masks and be separated from others as much as possible until they are able to leave the clinic.

### **Infection control in triage area**

The main infection control strategy is to screen and remove ill persons as quickly as possible to minimize exposure to staff and others in the triage area. If close contact (within 6 feet) of a person with febrile respiratory illness is necessary, the sick individual should be asked to wear a surgical mask if able. If the sick individual cannot or will not wear a surgical mask, staff persons in close contact with the sick person should wear fit-tested N95 respirators.

Triage area staff should sanitize hands before and after any contact with sick individuals, after contact with potentially contaminated items or surfaces, and any time hands may be contaminated. Use of alcohol-based hand sanitizers is encouraged in these settings.

EPA registered, hospital approved disinfectants and disinfectant wipes should be used to disinfect contaminated equipment and surfaces in the triage area. Access [http://www.epa.gov/oppad001/list\\_e\\_mycobact\\_hiv\\_hepatitis.pdf](http://www.epa.gov/oppad001/list_e_mycobact_hiv_hepatitis.pdf) for a list of appropriate products.

### **Infection control in other clinic areas**

Because sick persons are excluded from the clinic at the triage station, the likelihood of staff exposure in other areas of the clinic is minimal. Therefore, staff members working in areas where screening for vaccine eligibility occurs, or in areas where the vaccine is administered, are NOT required to wear N95 respirators or surgical masks while performing their duties.

Disposable non-latex gloves MAY be worn during the administration of the vaccine, but glove use is not necessary unless exposure to blood or body fluids is routine, which is not likely when administering vaccines.

Hand hygiene should be performed before administering the vaccine to each person. If gloves are used, they must be removed after vaccinating each person and hand hygiene must be performed immediately after glove removal.

### **Vaccination of clinic staff**

Persons working in any areas of mass vaccination clinics do not need to be vaccinated with either seasonal or 2009 H1N1 influenza vaccine prior to performing their duties, although they are encouraged to become vaccinated with both vaccines as soon as they become available to them.

### **Infectious waste disposal**

Used needles and syringes should be placed into sharps containers immediately at point of use. Used gloves, N95 respirators, and any other disposable items not saturated with blood/body fluids may be discarded into regular trash bags.

Entities generating infectious waste are usually required to obtain permits from the Department of Natural Resources to haul infectious waste if more than 50 pounds of infectious waste are generated per month. However agencies holding mass vaccination clinics under public health emergencies are exempted from this requirement and need only to maintain a log of infectious waste generated. See “Waste Disposal” at <http://dhs.wisconsin.gov/communicable/InfectionControl/StdPrecautions.htm> for more information on waste disposal, transport, and maintaining a log.