



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** / **Spikevax (Moderna) 0.25mL**

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:



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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 QIV 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: _____



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

Alerts and Active COVID-19 Risk Factors

Client Details

Alerts(1)

Legal Name

James

Birthdate

Sex

Male

Personal Health Number

Forecast

Trade Name

Dose #

Minimum Date

Recommended Date

Vaccine Administration

Identification

COVID-19 Immunization History

Active COVID-19 Risk Factors

Adverse Events Following Immunization

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

Vaccine Recommendation

Provider Type

ImmsBC Provider (User)

Non-ImmsBC Provider (Contact)

Provider

Luba Lyons

Immunization Information

Immunizing Agent

Provider

Agent

Trade Name

Provider ID

Lot Number

Dosage

Administration

Route

Reason for Immunization

Select an Option

* Injection Site

Select an Option

Administration Comments

Alerts

Effective From

2021-11-10

Effective To

Alert Type

Other (Specify)

Message

Recommended for 3-dose primary series of COVID-19 vaccine

View/Edit

Immunization Practice Support | October 2022

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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	▼