Saskatchewan Influenza Immunization Policy 2020-2021

September 2020

Saskatchewan

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SUMMARY OF UPDATES AND RECOMMENDATIONS

- A process to document staff and attendees (including location, names, contact information and in/out times) at the location on a daily basis must be developed and implemented in order to facilitate contact tracing should a COVID-19 positive client attend the location. This documentation must be made available, upon request by public health, whether the vaccine is administered at the pharmacy or in an alternate location separate from the pharmacy, or at a public health clinic.
- There is a new process to approve pharmacy requests for flu vaccine that includes an application form and a vaccine storage and handling checklist found in **Appendices 16 and 17.** The application form and checklist are reviewed by the Ministry of Health for approval. A corresponding policy which outlines the process for pharmacists is available from the Ministry of Health upon request.
- Physical distancing and infection control guidelines and recommendations are included.
- A suggested mass flu immunization clinic supply list is noted in the appendices.
- Providers should prepare their mass flu immunization clinics for high client volumes **pending** vaccine availability. The Ministry is recommending booked appointments to assist in managing vaccine and immunization supplies, and staffing requirements. Public health is best positioned to respond to the needs of their communities in making flu vaccine accessible to clients.
- Wallet cards from 2019-20 can continue to be used in 2020-21. A revised wallet card will be shipped upon the Government's Publication Centre's deletion of 2019-20 stock. A reference to the MySaskHealthRecord is noted on side 2 of the revised wallet card.
- The Saskatchewan Health Authority (SHA) is to use program promotion materials as developed by the SHA.
- Personal care home residents who are 65 years and older are eligible to receive Fluzone High Dose flu vaccine.
- Influenza immunization is a critical public health service. There are no limitations regarding the number of people that can attend a mass immunization clinic at any given time.
- The immunization needs of socially vulnerable populations, such as those in shelters (i.e., homeless, men's, women's), those who are street involved, and those in self-isolation, etc. is imperative to accommodate increased vaccine coverage.

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ACRONYMS

AHA	Athabasca Health Authority	PHB	Population Health Branch
AEFI	Adverse Events Following Immunization	PIP	Pharmaceutical Information Program
CCB	Cold Chain Break	POS	Point of Service (documentation)
CMHO	Chief Medical Health Officer	PVD	Provincial Vaccine Depot
DPEBB	Drug Plan and Extended Benefits Branch	PWD	Pharmacy Wholesale Distributor
FNJ	First Nations Jurisdiction	PSPC	Public Services and Procurement Canada
GBS	Guillain-Barré Syndrome	QIV	Quadrivalent influenza vaccine
HSN	Health Services Number	RRPL	Roy Romanow Provincial Laboratory
HCW	Healthcare Worker	SHA	Saskatchewan Health Authority
LTC	Long-term Care	SIIP	Saskatchewan Influenza Immunization Policy
MHO	Medical Health Officer	SIM	Saskatchewan Immunization Manual
NACI	National Advisory Committee on Immunization	TIV	Trivalent influenza vaccine
ORS	Oculorespiratory Syndrome	VSWG	Vaccine Supply Working Group

DEFINITIONS

Client	Individuals six months of age and older who are eligible for publicly funded flu vaccine.
Cold Chain Management	The process that maintains optimal temperature and light conditions during the transport, storage, and handling of vaccines. This starts at the manufacturer and ends with the administration of the vaccine to the client.
Congregate Living Settings	In SIIP, Congregate Living Settings are defined as for profit or not-for-profit public or privately owned buildings (e.g., which house residents who may have mobility, accessibility and/or cognitive challenges). They may or may not be licensed by the Government of Saskatchewan. These settings do not receive contracted or ongoing services from public health or other Athabasca Health Authority (AHA), Saskatchewan Health Authority (SHA), or First Nations Jurisdictions (FNJs) health practitioners, and have no operational affiliation to the AHA, SHA, or FNJ (i.e. are not an AHA, SHA, FNJ or Affiliate facility). Examples of congregate living settings include assisted living/seniors independent housing and group homes.
Group homes	Residences where staff ensure that the physical, emotional, and social needs of people with intellectual disabilities are met and that they are able to live as independently as possible within their own communities. Personal care, supervision, and support for adults is provided. They are located in residential neighbourhoods throughout the province.
First Nations Jurisdictions	Includes the communities and organizations affiliated with First Nations and Inuit Health Branch and the Northern Inter-Tribal Health Authority.
Healthcare worker	Healthcare workers (HCWs) are those employed by the SHA, AHA, and FNJ facilities or affiliated facilities and does not include volunteers, students or physicians.
Health Services Number	The unique identifier assigned by Saskatchewan Health for identification within Saskatchewan's health system. A Health Services Number (HSN) is assigned to a person upon registration and presumes eligibility for basic health services as defined by Saskatchewan Health.
Home visits	The intent of off-site home visits by community pharmacists, home care or public and community health is to provide enhanced accessibility to those patients at high-risk of influenza-related complications and who may have mobility issues or cognitive deficits.
Long-term care facility	A facility that provides long-term care (LTC) services to meet the needs of individuals, usually with heavy care needs (level three and four), that cannot be met through home-based/community services. The SHA may operate a special-care home directly or through affiliation/contract. LTC services may include adult day programs, night programs, respite, and rehabilitative, convalescent and palliative care.
Mass Immunization Clinic	Mass immunization involves delivering immunizations to a large number of people at one or more locations in a short interval of time. Good mass immunization programs apply planning and quality standards that maximize return on resources invested and provide the greatest individual benefits when immunizing many people in a short period of time. These programs can be used to counter contagious outbreaks, adopted as a repeated means of sustained healthcare delivery, or

	applied where many people move through a specific place in a short interval of time. Relevant quality standards address appropriate facilities and supplies, training of professional and paraprofessional staff, education of potential vaccinees and methods to screen them for contraindications to immunization, safeguards against anaphylaxis and syncope, documentation, safety surveillance, and a quality-improvement program. Successful mass immunization programs require early planning that builds on existing competencies. These clinics may be drop-in or by appointment only.
Panorama	The electronic integrated public health information system utilized by AHA and SHA public health providers and community nursing providers in some FNJs.
Panorama Immunization Module	A module within Panorama that provides a record of all immunizations administered by public health. It serves as the electronic registry for immunization in Saskatchewan.
Panorama Inventory Module	A module within Panorama that tracks publicly funded vaccine use and availability. It supports management of vaccine ordering, shipping, receiving, and reconciliation.
Personal care homes (PCH)	Privately owned and operated facilities that offer accommodation, meals and supervision or assistance with personal care to people who generally do not need or do not want the level of health services provided in publicly subsidized special-care homes. It is the combination of providing both accommodation and care that makes a facility a PCH.
Pharmacy Association of Saskatchewan	The association that represents pharmacists and pharmacies in Saskatchewan.
Pharmaceutical Information Program	The Pharmaceutical Information Program (PIP) is a secure computer application that provides health care providers with information regarding prescriptions dispensed in Saskatchewan community pharmacies.
Pharmacy Wholesale Distributors	A pharmacy wholesale distributor that has an agreement with the Saskatchewan Ministry of Health for the distribution of publicly funded flu vaccine to pharmacists.
Privately Purchased Influenza Vaccine	Flu vaccine purchased by pharmacies or prescribed by a pharmacist, physician, registered nurse (RN), or nurse practitioner (RN(NP)) and paid for by the client.
Provincial Vaccine Depot	The provincial vaccine depot is housed in the Roy Romanow Provincial Laboratory (RRPL). Publicly funded flu vaccine is received through the RRPL Provincial Vaccine Depot for further distribution across Saskatchewan.
Saskatchewan College of Pharmacy Professionals	The self-governing body for the profession of pharmacy in Saskatchewan that regulates pharmacists, pharmacies, pharmacy technicians, and drugs.
Saskatchewan Influenza Immunization Program	The publicly funded seasonal flu program delivered via the SIIP from October to March 31.
Saskatchewan Immunization Manual	The primary immunization resource for public health personnel, the Saskatchewan Immunization Manual (SIM) provides evidence-based and standardized immunization-related information.
Vaccine Management	The processes used to maintain optimal temperature and light conditions during the transport, storage, and handling of vaccines.
Vaccine Provider	A licensed healthcare provider to whom provision of vaccine is permitted by legislation governing that provider, is in compliance with the SIIP, and meets one of the following criteria: • designated by the SHA, AHA and FNJs, and their affiliates, to provide flu vaccine services; • a physician; • a nurse practitioner; or • a community pharmacist.

UPDATES FOR THE 2020-2021 INFLUENZA SEASON

Public Launch:

- **October 19, 2020,** is the start date for all providers and mass public health clinics, providing that vaccine is available. First Nations Jurisdictions and northern communities may immunize as soon as flu vaccine is received.

Publicly Funded Vaccine Products (refer to Appendix 1):

- FLUZONE® Quadrivalent and FluLaval Tetra® (quadrivalent) multidose vials for all immunizers.
- FLUZONE® Quadrivalent thimerosal-free pre-filled syringes available to public health within the SHA, the AHA and FNJs.
- FLUZONE® High Dose (trivalent) prefilled syringes for LTC and PCH residents 65 years and older.

Mass Clinic Guidelines

Immunizers must ensure that infection and crowd control measures are in place to reduce the risk of COVID-19 transmission at mass clinics. Refer to **Appendix 14** and the Public Health Agency of Canada's "*Guidance for Influenza Vaccine Delivery in the Presence of COVID-19"* (https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-influenza-vaccine-delivery-covid-19.html) for recommendations.

Documentation Requirements:

When possible, all immunizations administered at a public health clinic should be entered into Panorama at point of service or within one business day.

All pharmacists are required to report immunization details for children younger than nine years of age to the Drug Plan and Extended Benefits Branch (DPEBB) for entry into Panorama; see ***Section 12: Client Record Documentation Requirements*** for specific details.

All other non-public health vaccine providers are required to report immunization details for children younger than nine years of age and residents of Personal Care Homes to public health for entry into Panorama; see ***Section 12: Client Record Documentation Requirements*** for specific details.

Publicly funded influenza vaccines entered into Panorama must identify the provider type (e.g. public health, physician, RN/NP) (see **Appendix 13**).

Vaccine Inventory

SHA, AHA and FNJs

- For the SHA, the Athabasca Health Authority (AHA) and the First Nations Jurisdictions (FNJs): from October 19, 2020, to December 31, 2020, weekly flu vaccine counts for the previous Sunday to Saturday period are required to be reconciled in the Panorama Inventory Module by noon the following Tuesday. The first inventory count is due on Tuesday October 27, 2020.
- From January 1, 2021, to March 31, 2021, monthly vaccine counts are required.
- Timelines and frequency for vaccine inventory monitoring are subject to change by the Ministry of Health. More frequent inventory monitoring may be required.
- Inventory information must be accurate. The SHA, AHA and FNJs must ensure that staff members are appropriately trained and compliant with ensuring the Panorama Inventory Module is up-to-date as per timelines outlined above.
- The 'pick/pack/ship' function of Panorama is utilized to move vaccines in/out of vaccine inventories so that vaccine counts remain accurate.

Pharmacists

- The inventory reporting process is coordinated by the Drug Plan and Extended Benefits Branch (DPEBB) using weekly reports from the Pharmacy Wholesale Distributor (PWD) for the quantity of vaccine ordered and shipped to pharmacies, and from the DPEBB claims database for the number of vaccine doses administered by pharmacists.

1. PURPOSE

Influenza is a vaccine-preventable disease. The provincial goal is to protect targeted populations such as the elderly, the very young, pregnant women and those living with chronic or immune-compromising conditions who are particularly vulnerable to influenza and related complications.

Objectives:

1. Provide access to publicly funded flu vaccine for Saskatchewan residents.
2. Reduce the incidence and impact of influenza disease in Saskatchewan.

All vaccine providers must work together to implement the SIIP. Collaboration, coordination, and communication among immunizers during all phases of the program (from vaccine distribution to front line administration to reporting of wastage) strengthen Saskatchewan's capacity to reduce the impact of influenza disease and contribute to the health and well-being of Saskatchewan residents.

2. LEGISLATIVE AUTHORITY

The SIIP is an established immunization policy of the Saskatchewan Ministry of Health.

3. NATIONAL RECOMMENDATIONS

The National Advisory Committee on Immunization (NACI) produces an annual influenza statement that contains specific information and recommendations regarding the licensed vaccines for the forthcoming season https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.html?hq_e=el&hq_m=2003412&hq_l=1&hq_v=91d220e044. The Ministry of Health references the NACI recommendations to inform annual planning and makes final policy recommendations with consideration to Saskatchewan's context.

4. INFLUENZA PROGRAM DATES

- The provincial publicly funded influenza program is scheduled to begin on October 19, 2020, and end on March 31, 2021. Children younger than age nine requiring a second dose of vaccine can receive immunization until April 30, 2021.
- To ensure coordinated access to publicly funded flu vaccine in Saskatchewan, all vaccine providers are required to comply with the provincial start date unless otherwise approved by the Ministry of Health.
- Consultation with the Chief Medical Health Officer (CMHO) is required if requests are received for earlier start dates than those stated. For example, during an outbreak in a licensed facility, immunization may be permitted to start earlier in that facility pending discussion with the CMHO.
- FNJs and northern communities are prioritized for vaccine distribution in the province and can start immunizing (by public/community health only) as soon as they receive vaccine.
- Vaccine providers should schedule the administration of influenza vaccine as of October 19, 2020, onwards with the priority groups being those at high-risk of influenza-related complications.
- An extension to the flu vaccine administration season may be established by the CMHO in the event of increased disease presence or severe morbidity with influenza disease.

5. CLIENT ELIGIBILITY

Individuals six months of age and older who do not have contraindications are eligible to receive publicly funded flu vaccine. Particular groups are highly recommended to receive QIV or High Dose Flu vaccine to reduce the incidence and burden of influenza disease and related health complications (**see Table 1**). As the program aims to reach priority populations most at risk of complications from influenza, publicly funded flu vaccine is provided to the SHA, AHA, FNJs, as well as physicians, community pharmacists and select facilities providing health care services to these target populations. Publicly funded vaccines are not provided for private company/business employee health programs. Exceptions may be considered in consultation with the Saskatchewan Ministry of Health in the event of possible increased disease presence or severe morbidity related to influenza.

It is expected that vaccine providers confirm client eligibility to receive vaccine prior to administration.

Confirmation may be obtained by interviewing the client, reviewing the client's paper documentation and/or record within Panorama, the PIP and the eHR Viewer.

Table 1: Populations for Whom Influenza Vaccination is Particularly Recommended

Publicly funded flu vaccine may be administered to people who are six months of age and older who do not have vaccine contraindications. High dose flu vaccine is available for LTC and personal care home residents who are 65 years and older. In particular, the following people are highly recommended to receive the flu vaccine to reduce the incidence and burden of influenza disease and related health complications:

- All HCWs, health care students, emergency response workers, visitors, and volunteers who, through their activities, are capable of transmitting influenza to those at high-risk of influenza complications in independent practices, facilities, residences, and community settings.
- Adults (including pregnant women) and children ≥6 months with a chronic health condition, including but not limited to:
  - Cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, and asthma);
  - Diabetes mellitus and other metabolic diseases;
  - Cancer and other immune-compromising conditions (due to underlying disease, therapy or both);
  - Renal disease;
  - Anemia or hemoglobinopathies;
  - Neurologic or neurodevelopmental disorders and seizure disorders (and for children include febrile seizures and isolated developmental delay) but excludes migraine and psychiatric conditions without neurological conditions;
  - Morbid obesity (adults BMI ≥ 40, child BMI assessed as ≥ 95th percentile adjusted for sex and age).
- Children and adolescents with the following conditions:
  - Those undergoing treatment for long periods with acetylsalicylic acid because of the potential increase of Reye syndrome associated with influenza.
- People of any age who are residents of nursing homes, long-term care facilities and other chronic care facilities.
- People ≥ 65 years of age.
- All children six to 59 months of age (younger then five years old).
- Indigenous peoples.
- Shelter residents and those who are street involved.
- Visitors to health care facilities and other patient care locations.
- Household and close contacts of individuals at high-risk of influenza-related complications whether or not the individual at high-risk has been immunized.
- Household and close contacts of infants less than six months of age.
- Members of households who are expecting a newborn during the influenza season.
- Those providing regular childcare to children ≤ 59 months of age, whether in or out of the home.
- Those who provide services within closed or relatively closed settings to persons at high-risk.
- People who provide essential community services (e.g. provincial corrections staff who have direct contact with inmates).
- People in direct contact during culling operations with poultry infected with avian influenza.
- People working with live or dead poultry or swine.
- Health sciences students (human and animal health).
- Travellers – influenza occurs year-round in the tropics. In temperate northern and southern countries, influenza activity peaks generally during the winter season (November to March in the Northern Hemisphere and April to October in the Southern Hemisphere).

6. EDUCATION/TRAINING

Vaccine Information

- **FLUZONE® Quadrivalent** (QIV) and **FluLaval® Tetra** (quadrivalent multidose vials for all immunizers) and **FLUZONE® Quadrivalent** thimerosal free pre-filled syringes (SHA, AHA and FNJ public health only) are publicly funded for those six months of age and older and contain the following viral strains:
  - an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
  - an A/Hong Kong/2671/2019 (H3N2)-like virus;
  - a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
  - a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.
- **FLUZONE® High Dose** (trivalent thimerosal-free pre-filled syringes) is publicly funded for LTC and PCH residents 65 years and older and contains the following viral strains:
  - an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
  - an A/Hong Kong/2671/2019 (H3N2)-like virus; and
  - a B/Washington/02/2019 (B/Victoria lineage)-like virus.
- These vaccines are safe for use in persons with latex allergy.
- Fluzone® Quadrivalent thimerosal-free pre-filled syringes are prioritized for people who self-identify as having a diagnosed thimerosal allergy (documentation is not required). It may be administered to others who request it. It is only available to public health; other vaccine providers should refer clients requesting thimerosal-free vaccine to public health for administration.
- These vaccines may be given concomitantly with, or at any time before or after, live attenuated vaccines or inactivated vaccines.
- The Ministry of Health does not reimburse the cost of privately-purchased flu vaccines.
- See ***Appendix 1: 2020-21 Publicly Funded Influenza Vaccines*** for vaccine specific information.
- The doses required per age are noted in **Table 2**.

All providers of publicly funded flu vaccine are responsible for reviewing the SIIP and other influenza-related materials prior to the start of the flu vaccine administration season. This may include completion of an employer-mandated education session.

With the support of the Ministry of Health, the Saskatchewan College of Pharmacy Professionals and the Continuing Professional Development for Pharmacy Professionals, the College of Pharmacy and Nutrition, University of Saskatchewan, developed the *Advanced Method Certification Requirements – Injection* certification for pharmacists. Pharmacists are required to complete the injection certification training prior to administering vaccine:

https://www.usask.ca/cpdpp/continuing-education-/imtraining.php#ImmunizationandInjections

Additional flu vaccine resources include (but are not limited to):

- Saskatchewan Immunization Manual: https://www.ehealthsask.ca/services/Manuals/Pages/SIM.aspx
- Saskatchewan Influenza Fact Sheets: http://www.saskatchewan.ca/residents/health/accessing-health-care- services/immunization-services#immunization-forms-and-fact-sheets
- The NACI 2020-21 influenza vaccine statement available https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.html?hq_e=el&hq_m=2003412&hq_l=1&hq_v=91d220e044.

Screening, Precautions and Contraindications

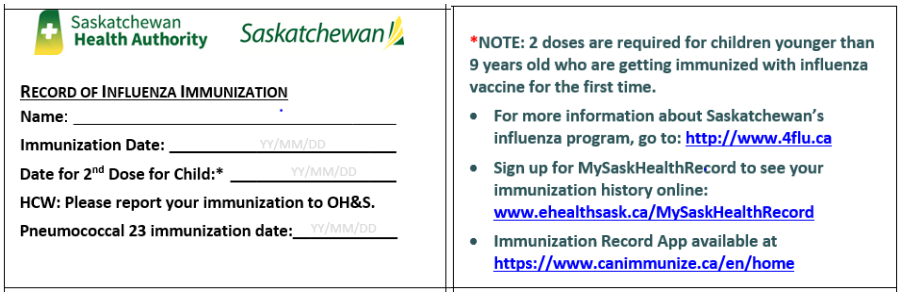
- Persons who had an anaphylactic reaction to a previous flu vaccine dose or to any of the components in a specific vaccine (with the exception of egg), or who developed Guillain-Barré Syndrome (GBS) within six weeks of a live or inactivated influenza vaccination, should not receive further doses of any flu vaccines.

- Vaccine administration should be postponed when possible in persons who have a minor or acute illness, with or without a temperature based on current COVID-19 screening criteria, until their symptoms have abated.
- As with all vaccine administration, immunizers must have the necessary equipment and medications to be prepared to respond to a vaccine emergency at all times.
- Egg-allergic individuals can receive a full dose of an injectable flu vaccine without prior flu vaccine skin testing, including those who have experienced anaphylaxis due to egg ingestion, as a routine practice that is supported by NACI.
- Oculorespiratory syndrome (ORS) is defined as the presence of bilateral red eyes **plus** one or more respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness or sore throat) with or without facial edema, that start within 24 hours of vaccination. ORS **is not** considered to be an allergic response. Persons who experienced ORS with lower respiratory tract symptoms should have an expert review. Health care providers who are unsure whether an individual previously experienced ORS versus an IgE-mediated hypersensitivity immune response should seek advice. Although the pathophysiologic mechanism underlying ORS remains unknown, it is considered distinct from an IgE-mediated allergic response.
- Persons who have a recurrence of ORS upon revaccination do not necessarily experience further episodes with future vaccinations. Data on clinically significant adverse events do not support the preference of one vaccine product over another when revaccinating those who have previously experienced ORS.

Consent for Immunization

- All immunizations in Saskatchewan are voluntary and immunization fact sheets must be made available to clients. The English influenza fact sheets can be ordered from http://publications.saskatchewan.ca/#/categories/473. All English and French influenza fact sheets are posted at: http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets.
- Post-immunization, providers can provide clients with a *Ministry of Health Record of Influenza Immunization Wallet Card* bearing the client's name and date of immunization (**Picture 1**: **Ministry of Health Record of Influenza Immunization Wallet Card**)

Picture 1: Ministry of Health Record of Influenza Immunization Wallet Card


Saskatchewan Health Authority

Saskatchewan

RECORD OF INFLUENZA IMMUNIZATION

Name: _____

Immunization Date: _____ YY/MM/DD

Date for 2nd Dose for Child:* _____ YY/MM/DD

HCW: Please report your immunization to OH&S.

Pneumococcal 23 immunization date: _____ YY/MM/DD

*NOTE: 2 doses are required for children younger than 9 years old who are getting immunized with influenza vaccine for the first time.

- For more information about Saskatchewan's influenza program, go to: http://www.4flu.ca
- Sign up for MySaskHealthRecord to see your immunization history online: www.ehealthsask.ca/MySaskHealthRecord
- Immunization Record App available at https://www.canimmunize.ca/en/home

- *Record of Influenza Immunization* wallet cards may be provided by the SHA, AHA and FNJ public health to other vaccine providers who obtain their vaccine supply from public health. Community pharmacies can order these wallets cards *free* of charge through the Ministry of Health's Publication Centre website at http://publications.gov.sk.ca/deplist.cfm?d=13&c=1073.
- Advise those individuals whose immunizations are entered in Panorama, that they will be able to view their immunization record in MySaskHealthRecord.
- All individuals must be screened and assessed for contraindications and precautions prior to immunization.
- Flu vaccine is safe and well-tolerated. Immunization providers should discuss with clients:
  - The risks and benefits of the flu vaccine, as well as the risks of not being immunized.

- Vaccination is the most effective way to prevent influenza and the spread of influenza viruses.
- Each year there are new flu vaccine formulations to protect against the influenza virus strains that are expected in the coming influenza season. Even if the strains have not changed, getting the flu vaccine every year is necessary to maximize protection.

7. VACCINE SUPPLY, DISTRIBUTION AND INVENTORY

The Ministry of Health purchases flu vaccine through a national procurement process. The majority of flu vaccine is received by the Provincial Vaccine Depot (PVD) located at the RRPL from vaccine manufacturers over several months. The PVD distributes vaccine throughout the influenza season, balancing immunization provider demand for vaccine with vaccine supply and availability. Access to flu vaccine supply is closely monitored. The PVD ships flu vaccine to:

1. The SHA, FNJ and AHA vaccine depots for further distribution to all public program vaccine providers, excluding community pharmacists. Vaccine orders are placed using the Panorama Inventory Module.
2. The PWDs (e.g. McKesson Canada, Kohl & Frisch Ltd.) for distribution to community pharmacies.

Allocation for Vaccine Providers

The Ministry of Health has allocated vaccine quantity for the SHA, AHA, FNJs and community pharmacies based on the latest covered population statistics and doses administered in the previous year. The Vaccine Provider Application Form and the Vaccine Storage and Handling Checklist must be completed by each pharmacy and submitted to the Ministry for reviews before they can receive publicly funded flu vaccine.

The provincial allocation plan supports vaccine providers in planning for the influenza season with a focus on early uptake in the season. The Ministry of Health will have an unallocated reserve to provide additional support to areas where significant uptake and/or need occurs. The Ministry may also reallocate vaccine from the original provincial allocation as of December 1, 2020, depending on immunization provider supply needs throughout the influenza season.

For pharmacists, the pre-order quantity of QIV is 20 units (200 doses) and the daily order quantity is seven units (70 doses). Fluzone® High Dose is in packages of five pre-filled syringes and is to be only ordered for the number of PCH residents to be immunized per pharmacy. **Order quantities are subject to change based on flu vaccine availability at the wholesalers.** Requests for exceptions to the ordering thresholds may be considered by contacting the Saskatchewan Ministry of Health DPEBB at 306-787-6970**. Pharmacies are not permitted to share/provide/receive flu vaccine to/from other pharmacies/pharmacists or other provider such as physicians without permission from the DPEBB.**

8. ADMINISTRATION OF VACCINE

Table 2: Influenza Vaccine by Age and Dosage

Age	Vaccine	Dosage (mL)	Number of doses required per season
6 months to 8 years	QIV	0.5 mL IM	1 or 2 *
≥9 years (excluding LTC residents ≥65 years)	QIV	0.5 mL IM	1
LTC/PCH residents ≥65 years	FLUZONE® High Dose TIV (or QIV 0.5 mL if unavailable)	0.5 mL IM	1

* Children six months to eight years of age (<9 years old) who have never received flu vaccine require two doses, with a minimum interval of four weeks between doses.

- Flu vaccines are interchangeable for children requiring two doses.
- The first time that a child younger than nine years old receives seasonal multivalent flu vaccine, a two-dose schedule **4 weeks apart is required. An interval of less than 28 days is a medication administration error.**

- QIV flu vaccines will be available until April 30, 2021 to allow children who received their first dose on or prior to the March 31, 2021 program end date to receive their second dose.

Prior to vaccinating all clients but particularly children five to eight years of age, non-public health providers will ask each client about their immunization history before reviewing PIP and the client's immunization record in the eHealthViewer .

Off-site delivery of flu vaccine by pharmacists is intended to address barriers to flu immunization for target populations (e.g., frail seniors, immobile persons) and must be coordinated with local public health offices in the SHA, AHA and FNJs by August 31, 2020. Should local public health confirm that public health (or home care) services will be delivered in the site under consideration, community pharmacists are not permitted to proceed with delivery of flu vaccine at that site unless the transfer of responsibility is agreed to by public health. Delivery to congregate living settings must further be coordinated with the facility by the community pharmacy. For further information regarding off-site flu vaccine immunization service delivery, including contact information for local public health offices; see **Appendix 2**: ***Community Pharmacists Delivery of Publicly Funded Influenza Vaccine.***

9. COLD CHAIN BREAK MANAGEMENT

Appropriate storage and handling of vaccine is essential to provide safe and effective product to the public. Detailed requirements are outlined in the SIM, Chapter 9 – Management of Biological Products http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf. All known exposures of flu vaccine to temperatures outside of +2.0 – 8.0 degrees Celsius must be reported as soon as possible and within one business day of the occurrence. See **Appendix 3**: ***Cold Chain Break Report* form**. Following review of the reported cold chain break (CCB), the Ministry will provide confirmation of whether the vaccine remains viable or should be wasted by the vaccine provider as outlined in section 10.

Report all CCBs as follows:

A. Community pharmacists:
- Refer to **Appendix 3** *How to Complete the Cold Chain Break Report Form. C*omplete the *Cold Chain Break Report in* **Appendix 4** *(*http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf) and fax directly to the Ministry of Health at 306-787-3237.

B. All other vaccine providers:
- Refer to **Appendix 3** *How to Complete the Cold Chain Break Report Form. C*omplete the *Cold Chain Break Report in* **Appendix 4** *(*http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf) and fax directly to the SHA, AHA or FNJ local area Immunization Coordinator or designate for review (noted in **Appendix 9**).

10. INFLUENZA VACCINE WASTAGE

In order to mitigate wastage at the end of the influenza season, a judicious approach to flu vaccine ordering is required.

Ongoing Wastage Reporting for the SHA, AHA, FNJs, and Community Pharmacists:
All flu vaccine that is wasted must be recorded on the *Product Wastage Report* form http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf (see **Appendix 5**) on a monthly basis and faxed by the 5th day of the following month to the RRPL at 306-798-0071. Wasted flu vaccines must be disposed of locally according to regional bio-medical waste policy and procedures.

Ongoing Wastage Reporting for all other Vaccine Providers:
All flu vaccine that is wasted by other providers (e.g. physicians, nurse practitioners, other nursing offices) must be recorded on the *Product Wastage Report* form http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf (see **Appendix 5**) on a

monthly basis and provided to your local public health office on monthly basis.

Vaccine Problem Reporting for all Vaccine Providers:
If the vaccine wastage is due to a defective product, a *Vaccine Supply Problem Report* http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf (see **Appendix 6**) must also accompany the *Product Wastage Report* form as outlined above.

End of Season Wastage Reporting for the SHA, AHA, FNJs, and Community Pharmacists:
The Ministry of Health will send direction to the SHA, AHA, FNJs, community pharmacies and pharmacy wholesale distributors as to the management of any remaining flu vaccine stock at the end of the influenza season. If vaccine providers are directed to return vaccine to the PVD at the RRPL, they are responsible to ship the returned vaccine following PVD instructions. Further information regarding flu vaccine wastage, including vaccine problem reporting (See **Appendix 6**: ***Vaccine Supply Problem Report***) and vaccine returns, can be found in the SIM, Chapter 9 – Management of Biological Products http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf.

11. ADVERSE EVENTS FOLLOWING IMMUNIZATION

Monitoring the health and safety of those people to whom flu vaccine is administered is paramount. Immunizers must have protocols in place for the management and reporting of anaphylaxis and other serious adverse events. In Saskatchewan, the reporting of **all** adverse events following immunization (AEFIs) is mandatory under *The Public Health Act, 1994*.

To ensure patient safety, **all** immunizers shall immediately report any unusual, severe, serious or unexpected adverse events assessed to be temporally related to publicly funded flu immunization utilizing the Public Health Agency of Canada (PHAC) *Report of Adverse Event Following Immunization* form. Non-public health vaccine providers must fax this form to their SHA, AHA or FNJ local public health office as noted in **Appendix 7: *Adverse Events Following Immunization (AEFI) for Publicly Funded Influenza Vaccine***. All publicly funded flu AEFI reports will be reviewed by a SHA, AHA or FNJ Medical Health Officer (MHO). Only a MHO is qualified to make recommendations following a reported client AEFI.

MHO recommendations will guide future flu immunizations for the client. These recommendations will be communicated to the client by the reporter or other designates (e.g. the vaccine provider). See **Appendix 7**: ***Adverse Events Following Immunization (AEFI) for Publicly Funded Influenza Vaccine*.**

Vaccine providers must report, using the above process, all AEFIs temporally related to flu vaccine administered in a previous season but only communicated by the client upon presentation for vaccine this season. Administration of flu vaccine should be delayed until receipt of the MHO recommendation. An unexpected AEFI is an event that is not listed in the product monograph yet may be due to the immunization, or a change in the frequency of a known AEFI. GBS within six weeks following immunization and ORS within 24 hours of immunization are of particular interest for flu vaccines.

Public health offices must immediately notify the Ministry of Health by fax at 306-787-9576 regarding any unusual, severe, serious or unexpected AEFIs in addition to submitting an AEFI report for the client. Publicly funded flu vaccine AEFI reports that meet **reporting criteria** as outlined in the *PHAC's User Guide: Report of Adverse Events Following Immunization (AEFI)* available at http://www.phac-aspc.gc.ca/im/aefi- essi_guide/page1-eng.php, will be recorded in the client's electronic immunization record in Panorama by the SHA, AHA and FNJ as applicable (the client record may need to be created to enable historical immunization information to be documented and indicate the AEFI); refer to the Panorama User Guide Immunization: Administer Immunizations https://collaboration.web.ehealthsask.ca/sites/panorama/community/Panorama%20V3%20Documents/SK%20Panorama%20Administer%20Immunization%20User%20Guide%20v3.2.pdf.
As well, the SHA, AHA and FNJ will document complete AEFI reports for publicly funded flu vaccines into the Panorama client record (if they have access) as a client warning (refer to SIM Appendix 4.2 *Where do I document*? https://www.ehealthsask.ca/services/Manuals/Documents/sim-chapter4.pdf).

NOTE: AEFI reports for all privately purchased vaccines, including influenza, must be submitted directly to Health Canada by the immunizer: http://www.phac-aspc.gc.ca/im/pdf/raefi-dmcisi-eng.pdf. They are not to be submitted to public health offices in the SHA, AHA and FNJs or the Saskatchewan Ministry of Health.

12. RECORDING REQUIREMENTS - CLIENT RECORD DOCUMENTATION

A. Community Pharmacies:

Flu vaccine administration to all clients, regardless of age, must be entered into the PIP. The client may also receive a *Record of Influenza Immunization* Wallet Card to serve as the client's record of vaccine administration.

In addition, it is required that flu vaccine immunization administered to children five to eight years of age be entered into their client record within the Panorama Immunization Module. The *Notification of Administration of Influenza Vaccine* form (see **Appendix 8**) must be completed, by the vaccine provider, and forwarded, within three business day of administering the vaccine, **to the DPEBB** (see **Appendix 9).**

B. All Other Non-Public Health Vaccine Providers

It is expected that flu vaccine administration to all clients, regardless of age, be entered into the client service record maintained by the provider. In addition, the client must receive a *Record of Influenza Immunization* Wallet Card to serve as the client's record of vaccine administration.

Flu immunization administered to children six months to eight years of age and residents of Personal Care Homes must be entered into their client record within the Panorama Immunization Module. The *Notification of Administration of Influenza Vaccine* form (see **Appendix 8**) must be completed, by the provider, and forwarded, within one business day of administering the vaccine, to the local public health office (see **Appendix 9**). Local public health will provide non-public health vaccine providers (excluding community pharmacies) with line lists for use in documenting vaccine administration to clients 18 years and older (except residents of Personal Care Homes), which are submitted to public health for data collection.

SHA, AHA and FNJ Public Health:

Flu vaccine administered by Public Health Nurses (PHNs) to any person under 18 years old must be entered into the client's record within the Panorama Immunization Module. When possible, flu vaccine administered to any person attending public health flu clinics will be entered into the client's record within the Panorama Immunization Module at point of service or within three business days. The client may also receive a *Record of Influenza Immunization Wallet Card* to serve as the client's record. Immunizations provided to PCH residents by public health will be entered in Panorama. In addition to the entry of flu vaccine provided by public health, the SHA will be responsible for back-entry into Panorama flu vaccine provided to children younger than nine years of age by non-public health providers (excluding pharmacists) within seven business days of receiving notification. Refer to **Appendix 13** to review standard work for historical entry. At minimum, their name, date of birth and agent need to be entered (see **Table 3** for summary).

Table 3: Summary of Documentation Requirement by Client Age and Vaccine Provider

Age of client	SHA/AHA/FNJ Public Health	Community Pharmacist	All other Non-Public Health providers
6 months to 59 months	• Consent form/line lists • Entered into Panorama at POS or within 1 business day • *Record of Influenza Immunization* Wallet Card may be provided to client	• N/A	• Client record maintained by provider • *Notification of Administration of Influenza Vaccine* form completed and submitted to public health within one business day • Back entered by public health into Panorama within 7 business days • *Record of Influenza Immunization* Wallet Card may be provided to client
5 to 8 years	• Consent form/line lists • Entered into Panorama at POS or within 1 business day • *Record of Influenza Immunization* Wallet Card may be provided to client	• Recorded in PIP at POS • Consent form • Complete form and fax to DEBB within 3 business days for data entry • *Record of Influenza Immunization* Wallet Card may be provided to client	• Client record maintained by provider • *Notification of Administration of Influenza Vaccine* form completed and submitted to public health within one business day • Back entered by public health into Panorama within 7 business days • *Record of Influenza Immunization* Wallet Card may be provided to client
9 years to 17 years	• Consent form/line lists • Entered into Panorama at POS or within 1 business day • *Record of Influenza Immunization* Wallet Card may be provided to client	• Consent form • Recorded in PIP at POS • *Record of Influenza Immunization* Wallet Card may be provided to client	• Client record maintained by provider. • *Record of Influenza Immunization* Wallet Card may be provided to client
18 to 64 years	• Consent form/line lists • If possible, entered into Panorama at POS or within 3 business days. • *Record of Influenza Immunization* Wallet Card provided to client	• Consent form • Recorded in PIP at POS • *Record of Influenza Immunization* Wallet Card may be provided to client	• Client record maintained by provider and/or Consent form/lists • *Record of Influenza Immunization* Wallet Card may be provided to client
65 years and older	• Consent form/line lists • If possible, entered into Panorama at POS or within 3 business days. • *Record of Influenza Immunization* Wallet Card provided to client	• Consent form • Recorded in PIP at POS • *Record of Influenza Immunization* Wallet Card may be provided to client	• Client record maintained by provider and/or Consent form /lists • *Record of Influenza Immunization* Wallet Card may be provided to client

13. REPORTING REQUIREMENTS - ADMINISTRATION STATISTICS

- The following statistical information is required by the Ministry of Health and is to be provided to the Population Health Branch (PHB) (refer to **Appendix 10***: **Data Collection and Submission Processes for SHA, AHA and FNJs 2020-21***):
  - Number of doses provided to residents in LTC facilities (include number of residents as of November 30, 2020);
  - Number of doses provided to residents in PCHs;
  - Number of doses provided by Public Health **(includes non-PHNs working in PH flu clinics)** to those six months to eight years;
  - Number of doses provided by non-Public Health Providers to those six months to eight years;
  - Number of doses provided by Public Health **(includes non-PHNs working in PH flu clinics)**, non-Public Health Providers and Community Pharmacists to those five to eight years;
  - Number of doses provided by Public Health **(includes non-PHNs working in PH flu clinics)** to those nine to 17 years;
  - Number of doses provided by non-Public Health Providers and Community Pharmacists to those nine to 17 years;
  - Number of doses provided to individuals 18 years to 64 years of age (by all providers);
  - Number of doses provided to individuals ≥ 65 years of age (by all providers); and,
  - Number of doses provided to HCWs (by March 31, 2021) as well as the number of HCWs in the organization (as of March 31, 2021).
- The SHA, AHA, and FNJS are responsible for submitting administration statistics to the Ministry of Health to support statistical reporting. Children six months and up to and including 17 years of age whose immunizations are recorded into the provincial immunization registry (Panorama) will be extracted by the Ministry of Health. When possible, persons 18 years of age or older who received immunization at a public health mass flu immunization clinic, will have their immunization entered in Panorama at point of service, or back entered in Panorama within three business days. Those entered into the provincial immunization registry (Panorama) will be extracted by the Ministry of Health. Those not entered in Panorama will be counted and submitted manually to the Ministry of Health.
- Immunizations provided in PCHs by public health and other providers who receive vaccine from Public Health, will be entered in Panorama at point of service or within three business days.
- The SHA, AHA and FNJs will be required to submit General Public immunization stats **for the previous Sunday to Saturday period by noon the <u>following</u> Tuesday** using the section of the SHA, AHA and FNJ Influenza Immunization Statistical Collection Form 2020-21 (refer to **Appendix 11: Influenza Statistical Collection Form 2020-21**).
- The spreadsheet will be included as an email attachment when this document is distributed to SHA, AHA and FNJs. Following December 31, 2020, January through April immunization stats are to be submitted as indicated in **Appendix 10**: ***Data Collection and Submission Processes for AHA/SHA AND FNJs 2020-21***.
- General Public stats are to be submitted to the following email address: **PopHealth@health.gov.sk.ca** with the subject line: ***(your SHA, AHA or FNJ name) Influenza vaccine administered report as of week (see week submission chart in Appendix 10: Table 2).*** **<u>Immunization stats not submitted on time will be recorded as data not submitted.</u>**
- FNJs not using Panorama are required to submit manually the number of children six months up to and including 17 years of age who were immunized according to age breakdown (refer to **Appendix 10**).
- The age of a client at presentation for immunization is to be noted, and recorded appropriately. For example, a 64 year old who presents in November 2020 for immunization must be recorded in the 18 to 64 years category, even if the person is turning 65 in January of 2021.

- Numbers immunized should only be recorded one time in one place. For example, if immunizations are entered into Panorama the numbers should not be counted manually as these numbers will be extracted from Panorama.
- The SHA, AHA and FNJs are responsible for the retrieval of administration stats from practitioners and facilities **who have received** publicly funded flu vaccines from them. **Frequent retrieval** is preferred and the SHA, AHA and FNJS are strongly encouraged to obtain stats before releasing further vaccines to the requesting practitioners/facilities.
- The Ministry of Health will be collecting vaccine administration data, including from PCHs, from community pharmacists via the DPEBB claims system except for those individuals five to eight years of age, which will be collected via Panorama.
- SHA, AHA, and FNJs must submit their final statistics to the Ministry by May 7, 2021, to PopHealth@health.gov.sk.ca.
- For organizations not using Panorama, second doses of flu vaccine administered April 1 - 30, 2021 will be reported by May 14, 2021.

14. CHARGES/BILLING

In order to administer flu vaccines as part of the SIIP, any immunizer or their employer:

- Must not charge a client who has a valid HSN for the administration of the publicly funded flu vaccine, or for the flu vaccine itself; and
- Persons without a valid HSN, are from out of province, or from out of country, should be directed to a public health office for publicly funded flu vaccine. See **Appendix 9**: ***SHA, AHA, and FNJ Public Health Office Contact Information for Notification and AEFI Report Submission*** for support in locating a public health office.

15. COMMUNICATIONS

- The DPEBB is responsible to issue communication to provincial pharmacists.
- The Saskatchewan Ministry of Health's Communications Branch will coordinate with AHA/SHA communications staff to develop consistent public messaging, including eligibility criteria and risk groups, and approaches.
- For provincial media interviews, Saskatchewan's CMHO/Deputy CMHO and the SHA, AHA and FNJs' MHOs are the main spokespersons.
- AHA/SHA/FNJs will ensure clinic details are posted online at the www.4flu.ca website.
- The Influenza Vaccine English and French fact sheets and related documents will be posted on the Ministry website by September at http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets. Refer to **Appendix 12: Resources available from the Publication Centre** for more information about downloadable and orderable resources.

APPENDIX 1: 2020-21 Publicly Funded Influenza Vaccines

	FluLaval® Tetra (GSK) QIV split virion	**FLUZONE® Quadrivalent** (SP) QIV split virion	**FLUZONE® High Dose** (SP) TIV split virion
Population	Everyone ≥ 6 months	Everyone ≥ 6 months	LTC and PCH residents ≥ 65 years
Dose	0.5 mL IM	0.5 mL IM	0.5 mL IM
Components	Latex and antibiotic free and contains both influenza A strains and B viral strains, sodium chloride, potassium chloride, disodium hydrogen phosphate heptahydrate, potassium dihydrogen phosphate, α-tocopheryl hydrogen succinate, and polysorbate 80, and may contain traces of egg proteins (ovalbumin), sodium deoxycholate, ethanol, formaldehyde and sucrose.	Latex, antibiotic and gelatin free and contains all surface antigens of this year's influenza A and B viral strains, formaldehyde, sodium phosphate-buffered, isotonic sodium chloride solution, and Triton® X-100, and may contain traces of egg protein and sucrose.	Latex, antibiotic, thimerosal and gelatin free and contains all surface antigens of this year's influenza A strains and one B viral strain, formaldehyde, sodium phosphate-buffered, isotonic sodium chloride solution, and Triton® X-100, and may contain traces of egg protein.
Preservative	• Thimerosal in multidose vials.	• Thimerosal in multidose vials.	• No preservatives
Normal and Expected Reactions Mild to moderate reactions generally last 1-4 days.	• Pain (60%), redness (2%), and swelling (3%)at the injection site. • Headache (22%), fever (2%), tiredness (22%), muscle aches (26%), and shivering (9%). • Loss of appetite (9%)	• The most common reactions occurring after vaccine administration are injection site pain (11%-57%), erythema (7%-30%) and edema (6%-21%). • The most common systemic reactions observed after vaccine administration are asthenia (2%-18%), headache (2%-10%) and myalgia (2%-9%).	• The most common reactions occurring after vaccine administration are injection site pain (36%), erythema (15%) and edema (9%). • The most common systemic reactions observed after vaccine administration includes myalgia (21%), malaise (18%) and (2%-18%), headache (17%).
Presentation	• 5 mL multidose vial containing 10 doses of 0.5 mL	• 5 mL multidose vial containing 10 doses of 0.5 mL • 0.5 mL prefilled syringes (thimerosal free)	• 0.5 mL prefilled syringes (thimerosal free)
Contra-indications	• Persons with a history of a severe allergic or anaphylactic reaction to a previous flu vaccine dose or any component of a flu vaccine should discuss their situation with a public health nurse (PHN) or their physician. • Persons who developed GBS within six weeks of a previous flu vaccine.		
Instructions for Administration	• Do not administer vaccine from a vial that has been opened for ≥28 days or has expired. • **To get 10 doses out of a vial, GSK recommends that each 0.5 mL dose is withdrawn into a 1 mL syringe equipped with a needle gauge not larger than a 23G**.	• Vaccine may be administered from a MDV that has been opened up to the expiry date indicated on the vial.	• Nothing specific for this vaccine.
Special Instructions –	• Gently shake pre-filled syringes or vials before administration • Date vials when opened. • Store at 2°C-8°C. • Do not freeze or use if vaccine has been frozen. • Protect from light. • Pre-drawing is not recommended. • The Ministry recommends that vaccines be administered directly from the fridge or cooler and not warmed to room temperature prior to administration.		

APPENDIX 2: Community Pharmacists Delivery of Publicly Funded Influenza Vaccine*

Population or Location	Eligible to Bill DPEBB	Requires Coordination with Public Health	How to Proceed with Coordination (if required)
Individuals five years and older	YES	NO	N/A
Home Visits	YES	YES	Contact public health representative (See **Appendix 9**: ***SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission***). If public health (or home care) is not providing service in the home, the pharmacy is permitted to contact the client.
Residents of Congregate Living Settings, PCHs and shelter facilities where public health or other health practitioners are not providing ongoing service.	YES	YES	Contact public health representative (See **Appendix 9: *SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission***). If public health is not providing service in the Facility, the pharmacy is permitted to contact the Facility to inquire into providing service.
Clinics in malls, other spaces	YES	YES	Contact public health representative (See **Appendix 9: *SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission***).

***NOTE: Delivery to congregate living settings and home visits by pharmacists is intended to address barriers to flu immunization for target populations (e.g., frail seniors, immobile persons) and must be coordinated with local public health offices in the SHA, AHA and FNJs by August 31, 2020.**

APPENDIX 3: Cold Chain Break Report Form

Government of Saskatchewan

Once completed, please fax to the Ministry of Health at 306-787-3237.

Complete for all Saskatchewan Health publicly funded products. Do not assume that products must be wasted.

Section 1

Date of Break: *(yyyy-mm-dd)* **Date of Report:** *(yyyy-mm-dd)* **Reporter Name:**

Telephone Number: **Fax Number:** **Reporter Email Address:** *(optional)*

Location of Break (AHA, SHA, FNJ / City / Town) **Facility Name:**

Facility type:

☐ Public Health ☐ Pharmacy ☐ Physician office ☐ Long-Term Care ☐ Acute Care ☐ Employee Health ☐ Other _____

Are products: Quarantined, Labeled: DO NOT USE, and stored on cold chain? ☐ Yes ☐ No *(attach explanation)*

Section 2

Check box for type of break and fill out corresponding category:

☐ **Vaccine left out of fridge:**

☐ in cooler with cold packs ☐ in cooler with no cold packs ☐ in package on counter ☐ not in package on counter

Vaccine returned to storage between 2°C and 8°C on date_____ at (time) _____

Length of time outside recommended temperature range of 2 - 8°C _____

Room temperature at time of break_____°C on date_____ at (time) _____

☐ **Fridge temperature excursion**

Fridge temperature when break identified:_____°C on date_____ at (time) _____

Max. temp recorded during break interval_____°C Min. temp recorded during break interval_____°C

Length of time outside recommended temperature range of 2 - 8°C _____

Last fridge temperature record before the break_____°C on date_____ at (time) _____

Room temperature before the break_____°C on date_____ at (time) _____

Is temperature log being submitted? ☐ Yes ☐ No If No, indicate why: _____

Refrigerator type:

☐ Lab or Biological Fridge(any size) ☐ Domestic Fridge

☐ Bar Fridge ☐ Other_____

Thermometer/Monitor Type (Not Brand Name):

☐ Digital Min/Max ☐ Chart / Wheel Recorder

☐ Warm/Cold Mark ☐ No Monitor ☐ Other _____

Date last serviced: _____

☐ **Break during transportation**

Vehicle type (e.g. car/courier) _____ Time delivery received: _____

Specify: ☐ Provincial Depot to RHA/FNJ/ wholesaler ☐ Public Health to community ☐ Intraregional

Was there a data logger included in the cooler? ☐ Yes ☐ No If yes, is it being sent back to SDCL? ☐ Yes ☐ No

Was there a warm/cold marker in cooler? ☐ Yes ☐ No If yes, was it activated? ☐ Yes ☐ No Reading: _____

Section 3

☐ **Other situation:** provide description

Description of break:

Cause of cold chain break:

☐ Human error ☐ Power outage ☐ Other_____

☐ Thermometer malfunction ☐ Refrigerator malfunction

☐ Transportation ☐ Backup generator failed

Corrective action details and additional comments:

Have any affected products been administered to clients? ☐ Yes ☐ No

- **If yes,** indicate the date the Medical Health Officer was notified: _____
- **If yes,** identify these products using a separate page if necessary.

APPENDIX 3: Cold Chain Break Report Form

COLD CHAIN BREAK REPORT FORM

Fax this completed report to the Saskatchewan Ministry of Health
FAX: 306-787-3237

Go to http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf for further instructions.

Vaccine Brand or Abbreviation	Manufacturer	Count (# of Doses)	Lot Number	Expiry Date YYYY/MM/DD	Open multi-dose vial?	Previous cold chain break?	SK Health USE ONLY	
							Viable	Discard
					☐ Yes No ☐	☐ Yes No ☐		
					☐ Yes No ☐	☐ Yes No ☐		
					☐ Yes No ☐	☐ Yes No ☐		
					☐ Yes No ☐	☐ Yes No ☐		
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					☐ Yes No ☐	☐ Yes No ☐		
					☐ Yes No ☐	☐ Yes No ☐		
					☐ Yes No ☐	☐ Yes No ☐		

Date received at MOH_____ Ministry of Health Reviewer _____

Total cost of wastage: $_____*(Ministry use only)*

MoH Reference # _____

Revised May 2020

Saskatchewan

Adapted with permission from Alberta Health Services (August 2016) revised June 2018

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APPENDIX 4: How to Complete the Cold Chain Break Report

How to Complete the Cold Chain Break Report Form

Section 1
Complete all components of this section. The Reporter is the person who discovered the cold chain break or is responsible for reporting the cold chain break. **Their contact information is required to facilitate follow-up.**

Section 2
There are four categories in this section. The Reporter **only** needs to **fill out the one category** that is most applicable to the cold chain break:

1. **Vaccine left out of fridge** – in cooler, box, on counter, etc.
2. **Fridge temperature excursion** – when fridge thermometer indicates temperatures outside of cold chain maintenance (2 to 8°C).
3. **Break during transportation** – Temperature indicator card and/or data logger indicates break in cold chain during transport from one facility to another (includes vaccine from RRPL, intra-regional transport and transport between wholesalers and pharmacies).
4. **Other situation** – any situation not covered in the three scenarios above. Include as much information about the situation including time, temperature and cause.

All products must be immediately quarantined when involved in a cold chain break.
****Data loggers** that are in the coolers of vaccine found to be in a cold chain break should be sent to RRPL ASAP and marked with the name of the former Regional Health Authority (RHA), AHA or FNJ; facility; date of cold chain break and contact person. The data logger should then be put in an envelope and placed back in the cooler to be sent to **Roy Romanow Provincial Laboratory at 5 Research Drive, Regina SK S4S 0A4 NOTE:** This does not apply to vaccines sent from wholesalers to community pharmacies.

Section 3

- **Description of Break:** Provide as much detail as possible regarding the cold chain break including how and why the break occurred.
- **Cause of cold chain break:** Please check off the cause that is most applicable. Provide details of the corrective action or plan.
- **Have any affected products been administered to clients?** Please check off yes or no, and answer subsequent questions as appropriate.

Section 4 (Page 2)

- Print all vaccine information clearly using one line per lot number. List open vial vaccines on separate lines even if lot number is the same. Use appropriate vaccine and manufacturer abbreviations.
- Circle the applicable answer for "open multidose vial" and "previous cold chain break."
- Page 2 will be faxed back to the SHA, AHA or FNJ Immunization Supervisor/ Designate or Community Pharmacist indicating whether the vaccine is:
  - Viable – usable – maintain in cold chain and use as soon as possible; **OR**
  - Discard – not to be used. Discard as per organizational policy.

NOTE: The Ministry of Health will fax or email recommendations to the Immunization Supervisor/Designate or reporting Community Pharmacy as appropriate.

APPENDIX 5: Product Wastage Report

PRODUCT WASTAGE REPORT FORM

Fax or mail this completed report to the Roy Romanow Provincial Laboratory
Provincial Vaccine Depot
5 Research Drive, Regina SK S4S 0A4
PHONE: 306-787-7638 FAX: 306-798-0071

DO NOT REPORT COLD CHAIN WASTAGE ON THIS FORM.

USE FOR: All vaccines, Tubersol™, TIg, Ig, RabIg, azithromycin, amoxicillin, benzathine penicillin (bicillin), cefixime, ceftriaxone, ciprofloxacin, doxycycline, erythromycin, rifampin, epinephrine and lidocaine. Diluents do not need to be reported.

SHA/FNJ/Pharmacy/Wholesaler: _____

Date: YYYY/MM/DD _____

					Indicate only 1 reason for wastage			
Product Name	Manufacturer	Lot Number	Expiry date YYYY/MM/DD	# of Doses	EXPIRED OPENED	EXPIRED UNOPENED	Not administered	Defective or damaged (Note: Vaccine Problem Report must also be submitted)

Report submitted by: _____

Phone No: _____ Fax No: _____

Revised May 2020
Date received at MOH _____

Saskatchewan

APPENDIX 6: Vaccine Supply Problem Report

PUBLICLY FUNDED VACCINE PROBLEM REPORT

Fax or mail this completed report to the Saskatchewan Ministry of Health
MAIL: PHN Consultant - Immunization
Saskatchewan Ministry of Health
1st Floor, 3475 Albert Street, Regina SK S4S 6X6
FAX: 306-787-3237

Please attach or fax a Vaccine Wastage Report for this product.

Check Y or N as applicable: **Attached** **Y ❑** **N ❑** **OR** **Faxed to RRPL** **Y ❑** **N ❑**

1. Reporter name (print): _____
2. Jurisdiction/Region: _____
3. Is product (without needle attached) being returned with this report? **Yes ❑** **No ❑**
4. Date the incident occurred: _____ YYYY/MM/DD
5. Vaccine brand name: _____
6. Manufacturer name: _____
7. Lot number(s): _____
8. Number of doses affected: _____
9. Problem/Issue Type:

	Dull or missing needle
	Needle separated from syringe during administration
	Contents cloudy
	Contents contains particles
	Illegible label or lot number
	Label missing
	Other –

10. Details of the problem-issue: _____

_____

_____

_____

_____

Revised May 2020
Date received at MOH_____
MoH Reference # _____

Saskatchewan

APPENDIX 7: Adverse Events Following Immunization (AEFI) for Publicly Funded Influenza Vaccines

Healthcare provider is informed of possible AEFI by client and/or directly observes AEFI in client and reviews AEFI user guide to assess reportable criteria.

↓

If event is reportable: healthcare provider completes AEFI Report Form sections 3; 4a; 4b if applicable; 5; 6; 7a; 7b; 7c; 7d; 8, 9a &/or 9b &/or 9c &/or 9d as applicable; and 10.

↓

Healthcare provider makes copy of report for self and submits completed AEFI report form to AHA/SHA/FNJ that the vaccine was given in.

↓

Upon receiving the AEFI the SHA, AHA and FNJ MHO's *Recommendations for Further Immunization* (section 11 of AEFI) the healthcare provider contacts the client and informs them of the recommendations. The SHA, AHA and FNJ (that has access to Panorama) must enter the information on the client's Panorama client record as per SIM Appendix 4.2 *Where do I document?*

↓

Healthcare provider who initiated AEFI report form informs client regarding the MHO's recommendations and refers patient to Public Health if they have further questions.

↓

SHA, AHA and FNJ submit completed AEFI report and forwards only reportable AEFIs to the Ministry of Health.

APPENDIX 8: Sample Notification of Administration of Influenza Vaccine

Saskatchewan

Notification of Vaccine Administration

Pharmacists fax this form to the Ministry of Health at 306-798-2022
All other provider fax this form to the local Public Health Office.

Please Print Only.

☐**Physician** ☐**Nurse Practitioner** ☐**Pharmacist** ☐**Registered Nurse** ☐**Other (specify)**_____

Provider Name: _____

Clinic/Address: _____

Phone Number: _____

B. Client Information:

Client Name: _____
First Name Last Name

Birth Date: _____ HSN#: (indicate province) _____
YYYY/MM/DD

Client Address: _____ City/Town: _____

Postal Code: _____

Phone number: (h)_____ (w)_____(c)_____

Parent/Guardian providing consent: _____

C. Vaccine Information:

Administration Date	**Fluzone Quad.**	**FluLaval Tetra**	**Other brand**	**Dosage, route, site** (e.g., 0.5 ml IM left arm)	**Lot Number**	**Location of Service** (i.e.; Name of Dr. office; pharmacy)
YYYY/MM/DD						

Comments:

APPENDIX 9: SHA, AHA, and FNJ Public Health Office Contact Information for Cold Chain Break Notification and AEFI Report Submission

ATHABASCA HEALTH AUTHORITY
Box 124
BLACK LAKE SK S0J 0H0
Tel: 306-439-2200
Fax: 306-439-2212

Former CYPRESS HEALTH REGION (SHA)
#400 - 350 Cheadle Street West
SWIFT CURRENT SK S9H 4G3
Tel: 306-778-5253
Fax: 306-778-5282

FIRST NATIONS & INUIT HEALTH BRANCH
Indigenous Services Division 6th floor,
1783 Hamilton Street
REGINA SK S4P 2B6
Tel: 306-780-3499
Fax: 306-780-8826

Former FIVE HILLS HEALTH REGION (SHA)
107-110 Ominica Street West
MOOSE JAW SK S6H 6V2
Tel: 306-691-1509
Fax: 306-691-1539

Former HEARTLAND HEALTH REGION (SHA)
Box 1300
ROSETOWN SK S0L 2V0
Tel: 306-882-2672 Extension 2293
Fax: 306-882-4683

Former KEEWATIN YATTHÉ HEALTH REGION (SHA)
Box 40
BUFFALO NARROWS SK S0M 0J0
Tel: 306-235-2220
Fax: 306-235-4604

Former KELSEY TRAIL HEALTH REGION (SHA)
Box 727
MELFORT SK S0E 1A0
Tel: 306-752-6310
Fax: 306-752-6353

Former MAMAWETAN CHURCHILL RIVER HEALTH REGION (SHA)
La Ronge Health Centre
227 Backlund Street
P.O. Box 6000
LA RONGE SK S0J 3G0
Phone: 306-425-2422
Confidential Fax: 306-425-8530

NORTHERN INTERTRIBAL HEALTH AUTHORITY
Box 787
PRINCE ALBERT SK S6V 5S4
Tel: 306-953-5000
Fax: 306-922-5020

Former PRAIRIE NORTH HEALTH REGION (SHA)
11427 Railway Ave., Suite 101
NORTH BATTLEFORD SK S9A 1E9
Tel: 306-446-6403
Fax: 306-446-7378

Former PRINCE ALBERT PARKLAND HEALTH REGION (SHA)
Public Health Nursing
Danielle Sande – Immunization/Communicable Disease Lead
2nd Frl. LF McIntosh Mall 800 Central Avenue
Box 3003
PRINCE ALBERT SK S6V 6G1
Tel: 306-765-6521
Fax: 306-765-6536

Former REGINA QU'APPELLE HEALTH REGION (SHA)
Population and Public Health Services
2110 Hamilton Street
REGINA SK S4P 2E3
Tel: 306-766-7902
Notification forms Fax: 306-766-7906
AEFI questions Fax: 306-766-7607

Former SASKATOON HEALTH REGION (SHA)
Public Health Services
#101 - 310 Idylwyld Drive North
SASKATOON SK S7L 0Z2
Tel: 306-655-4615
Fax: 306-655-4711

Former SUN COUNTRY HEALTH REGION (SHA)
900 Saskatchewan Drive
Box 2003
WEYBURN SK S4H 2Z9
Flu Clinic Contact: 306-842-8621
Tel: 306-842-8699
Fax: 306-842-8638

Former SUNRISE HEALTH REGION (SHA)
150 Independent Street
YORKTON SK S3N 0S7
Tel: 306-786-0600
Fax: 306-786-0620

APPENDIX 10: Data Collection and Submission Processes for SHA, AHA, AND FNJs 2020-21

Public health in the SHA, AHA and FNJs are responsible for the provision of approximately half of the flu doses administered. Public health further distributes flu vaccine to non-public health providers such as physicians, nurse practitioners, and other nursing offices (e.g. post-secondary institutions) in order to increase client accessibility to the flu vaccine.

Public health is responsible for entering immunizations given into the provincial immunization registry and/or submitting flu vaccine administration data to the Ministry of Health for both public health and the non-public health providers that they have provided vaccine to.

Community pharmacists providing flu vaccine will have their statistical information collected by the DPEBB of the Ministry of Health. Data for children five to eight years will be back entered in Panorama and data will be extracted by the Ministry of Health.

Table 1: Data collection expectations by provider, age[1] and reporting frequency

Provider	Collection, for	Submission, by age		Reporting Frequency [2,5]
		SHA, AHA	FNJ[6]	
Public Health	General Public	*2 age groups (if not entered in Panorama):* • 18 to 64 years • 65 years and older	*5 age groups:(if not entered in Panorama)* • 6 months to < 5 years • 5 to <9 years • 9 to 17 years • 18 to 64 years • 65 years and older	Weekly (up to Dec. 31, 2020) & Monthly (Jan-Feb-Mar-2021)
Physicians, RN(NP) and Post-secondary Institutions (excludes community pharmacists)	General Public	*3 age groups:* • 9 to 17 years • 18 to 64 years • 65 years and older	Not applicable	Weekly (up to Dec. 31, 2020) & Monthly (Jan-Feb-Mar-2021)
Long Term Care (LTC)	Residents	*2 age groups:* • Up to 64 years • 65 years and older	*2 age groups:* • Up to 64 years • 65 years and older	*2 submissions* [3] • #s (residents and immunized) as of Nov. 30, 2020 and • #s for Dec. 1, 2020 to Mar. 31, 2021 (residents)
SHA OH&S/ Employee Health	HCW	*1 age group:* • All HCWs regardless of age	*1 age group:* • All HCWs regardless of age	*1 submission* [4] • #s immunized as of March 31, 2021 • Total number of HCWs as of March 31, 2021

[1] Refer to Table 4: Summary of Documentation Requirement by Client Age and Vaccine Provider.

[2] **April 6 2021 by 5:00 pm for all administered doses (season-end submission).**

[3] The total number of residents living in LTC facilities is determined as of November 30, 2020. This serves as the denominator for flu vaccine coverage. Numbers after November 30 will consist of total numbers of residents vaccinated. Submission of the number of LTC residents after November 30, 2020 is not required because percentage coverage will not be calculated for this period.

[4] HCWs are those employed by SHA, AHA and FNJ facilities or affiliated facilities and do not include volunteers, health science students or physicians. Total number of HCWs for the SHA, AHA and FNJ will used to calculate coverage

[5] Reporting frequencies are subject to change at the Ministry of Health's discretion.

[6] Some FNJ communities use Panorama.

APPENDIX 10: Data Collection and Submission Processes for SHA, AHA, AND FNJs 2020-21 (cont.)

Frequency of reporting:
The SHA, AHA and FNJs will report the number of flu vaccine doses administered that have not been entered in Panorama, in the above categories (except for LTC and HCWs), on a weekly basis between October 19 and December 31, 2020. For those immunizing prior to October 19 the number of flu vaccine doses will be reported on a weekly basis. Following December 31, 2020, flu administered doses will be reported on a monthly basis. See reporting schedule below in **Tables 2 and 3.**

The statistical collection week is from Sunday to 5:00 pm Saturday. Weekly administered dose numbers are **required to be reported by noon on the Tuesday**. Monthly administered dose numbers are required by noon on the Tuesday within the first 10 days of the following month. Any missing or delayed reporting numbers should be rolled into the following week. Example: if numbers are delayed being tallied by a region (for public health and non-public health administered) and submission time is not met, the SHA and AHA will be reported as previously reported administered for that week for those 18 years and older (however, numbers pulled from Panorama by the Ministry will be reported). The missing/delayed numbers should be included in the following week's/month's submission.

Timely submission is important because it allows the Ministry to report promptly to Ministry officials and the SHA, AHA and FNJs, as well as support PHB planning for the season. **Please email the administered dose reports, weekly, monthly, and end of season to: PopHealth@health.gov.sk.ca** with the subject line: ***(your SHA, AHA or FNJ name) Flu vaccine administered report as of week (see submission chart below).***

Table 2: General report submission (excluding LTC/PCH) deadlines

Calendar Week	Submission time period	Date of submission
Week 38	Sept. 20 – 26, 2020	Sept. 29, 2020
Week 39	Sept. 27-Oct. 3, 2020	Oct. 6, 2020
Week 40	Oct. 4 - 10, 2020	Oct. 13, 2020
Week 41	Oct. 11 - 17, 2020	Oct. 20, 2020
Week 42	Oct. 18 – 24, 2020	Oct. 27, 2020
Week 43	Oct. 25 – 31, 2020	Nov. 3, 2020
Week 44	Nov. 1 -7, 2020	Nov. 10, 2020
Week 45	Nov. 8 - 14, 2020	Nov. 17, 2020
Week 46	Nov. 15 - 21, 2020	Nov. 24, 2020
Week 47	Nov. 22 – Nov. 28, 2020	Dec. 1, 2020
Week 48	Nov. 29 – Dec. 5, 2020	Dec 8, 2020
Week 49	Dec. 6 - 12, 2020	Dec. 15, 2020
Week 50	Dec. 13 - 19, 2020	Dec. 22, 2020
Week 51	Dec.20 – 26, 2020	Dec. 29, 2020
Week 52	Dec. 27 – 31, 2020	Jan. 5, 2021
January 2021	Jan. 1 – 31, 2021	Feb. 5, 2021
February 2021	Feb. 1 - 28, 2021	Mar. 5, 2021
March 2021	Mar. 1 - 31, 2021	Apr. 6, 2021
Final submission (year-end summary)	Sept. 21, 2020 to Mar. 31, 2021	May 7, 2021

- **For those FNJs providing a second dose and not recording in Panorama, the deadline for data submission will be May 7 2021**
- Second doses provided by community pharmacists will need to be submitted to DPEBB for back entry by May 7, 2021.
- Refer to Table 4: Summary of Documentation Requirements by Client Age and Vaccine Provider. Notification of Administration of Influenza Vaccine form for each child five to eight years of age must be completed and sent to the local public health office within three business days of vaccine administration.
- See **Appendix 8**: Notification of Administration of Influenza Vaccine form.

Table 3: LTC report submission deadlines

Submission time period	Date of submission
As of November 30, 2020	December 11, 2020
December 2020 to March 2021	April 30, 2021

Submission of Numbers:

The Ministry provides an Excel spreadsheet to assist in the collection and reporting of vaccine administered doses to the Ministry of Health (**refer to Appendix 11**). The SHA, AHA and FNJ should submit their updated Excel file as their report

Appendix 11: Influenza Statistical Collection Form 2020-21

Government of Saskatchewan

General Public

Ministry of Health
Population Health Branch

Former RHA Influenza Immunization Statistical Collection Form 2020-21

Jurisdiction or Former RHA Name:	Athabasca Health Authority		Submission Period:	Week 39 (Sept 21-26, 2020)
			Submission Date:	Sept 29, 2020
Age (at immunization)	Public Health	Non-public Health	Total Immunized, by age	
9 to 17 years			0	
18 to 64 years			0	
65 years and older			0	
Total Immunized, by provider	0	0	0	

Instructions
1. Choose the correct jurisdiction or former RHA name from the drop down list
2. Choose the correct **Submission Period** from the drop down list.
3. Chose the correct **Submission Date** from the drop down list.
4. Enter **all doses of Public Health and Non-public health adminstered vaccine** in the correct age category.
5. Save the file under the correct date and email to POPHealth@health.gov.sk.ca

Government of Saskatchewan

Long-Term Care (LTC) Residents

Ministry of Health
Population Health Branch

Former RHA Influenza Immunization Statistical Collection Form 2020-21

Jurisdiction or Former RHA Name:	Former Mamawetan Churchill River RHA	Submission Period:	FIRST SUBMISSION: as of Nov 30, 2020
		Submission Date:	FIRST SUBMISSION: December 08, 2020
Age (at immunization)	Number of Residents Immunized	Total Number of Residents	
Up to 64 years			
65 years and older			
Total Immunized	0	0	

NOTE: There are two submission dates.

Instructions
1. Choose the correct jurisdiction or former RHA name from the drop down list
2. Choose the correct **Submission Period** from the drop down list.
3. Chose the correct **Submission Date** from the drop down list.
4. Enter the **number of residents immunized** within the **Submission Period.**
5. Enter the **total number of residents** in facilities on the **Submission Date.**
6. Save the file under the correct date and email to POPHealth@health.gov.sk.ca

Appendix 12: Resources available from the Publication Centre

Downloadable Resources

Description
Seasonal Influenza Fact Sheet - English and French
Poster – Who Can Get a Free Flu Shot
Fluzone® High Dose Influenza Vaccine – English and French
Cold, Flu And Allergy Differentiation Fact Sheet
Flu Decision Chart
Poster – Protect Yourself And Others From Influenza

Orderable Resources

Description
Influenza Vaccine Fact Sheet - English
Record of Influenza Immunization – Wallet Card
Poster - seniors - Fight the flu
Poster - mother / daughter - Fight the flu

Appendix 13: Recording Historical Immunization – Influenza Vaccines for Children Younger than 9 Years Old

	Name of Activity - Recording Historical Immunization – Influenza Vaccines for Children Younger than 9 Years Old Role Performing Activity: Authorized Panorama User		
Panorama – Immunization WORK STANDARD	Location: SIIP		Department: Population Health Branch
	Document Owner: Ministry of Health		
	Date Prepared: September 2018	Last Revision: November 2019	Date Approved: September 26, 2018

Purpose: To ensure that the client immunization records for children younger than nine years old are accurate, up-to-date, and as complete as possible in order to optimize the vaccine forecaster functionality (i.e., the need for second doses) and to ensure patient safety. Information sources include hard copy records (including client held copies) and notification forms/records from non-public health service providers (credible written documentation).

See Policy: *Recording Historical Immunization – Influenza*

	Essential Tasks:
1	**Ensure your "Immunization Defaults" for "Apply Defaults to Historical Immunizations" are set to "No".**
2	Search for the client using the appropriate Client Search variables and set client into context.
3	In client's Immunization Profile, click on Add Single Immunization and select Add Historical to enable documentation. *Note: vaccines recorded as 'Historical' will not decrement inventory.*
4	Document the minimum required information for publicly or non-publicly funded influenza vaccines: • Immunization agent (e.g., Inf, LAIV) • Date administered – YYYY/MM/DD • Provider type • Consent directives do not need to be entered as per Panorama Policy *Recording Historical Immunizations.* • It is recommended to enter a consent directive in situations where it is provider recorded and the information needed to enter the consent directive such as parent name is available.
5	Document the Provider type in the drop down list by using the type ahead feature in the provider field: Type in "Provider" and the following list will be displayed to select from Provider, Licensed Practical Nurse, Licensed Practical Nurse Provider, Nurse Practitioner, Nurse Practitioner Provider, Pharmacist, Pharmacist Provider, Physician, Medical Doctor Provider, Public Health Nurse, Public Health Nurse Provider, Other, Other Provider, Registered Nurse, Registered Nurse Provider, Registered Psychiatric Nurse, Registered Psychiatric Nurse Provider, Unknown, Unknown If the Provider type is not listed in the drop down list use Provider Other, Other If the Provider type is unknown, use Provider, Unknown, Unknown
5	Document Only If Provided on Original Notification Form: • The lot number by selecting it from the drop down. Once selected, ensure the *auto populated* dosage, unit of measurement (UOM) and route are correct. If the lot number provided is not in the drop down, record it in the comment section as per #6 below. • Injection site.
6	Document any additional information (i.e. Name of pharmacy, Physician's office, Vaccine brand name, lot number if not publicly funded) by clicking the Add button under Comment and entering the information. Click Apply to add the comment.
7	Click Apply at the top of 'add immunization' box, and then click Save at the top of page.

Appendix 14: Public Health Mass Immunization Clinic Infection Control Recommendations

Public health mass immunization clinics shall adhere to strict infection prevention and control standards and procedures.

Purpose:

- To protect the health of clients and public health employees.
- To prevent the transmission of infectious diseases from person to person.
- To maintain public confidence in the immunization services and delivery.

Clinic advertisement

- Inform clients that physical distancing measures and mask use is in effect in mass immunization clinics.
- Clients are to be made aware that health screening including temperature checks may occur prior to immunization.
- Special population clinics (e.g., for seniors, or those who are immune compromised) should be clearly stated.

Space requirements

- Clinic location can accommodate clients without overcrowding, to accommodate physical distancing measures.
- Proper waste management/disposal.
- Tables, counters, chairs and mats that are easily cleaned and disinfected.
- Separate waiting area for individuals who have been immunized, taking into account physical distancing
- Food, beverages, toys, etc. are not used by clients or staff in the clinic area.

Supplies

- Posters and factsheets on hand hygiene, cough etiquette and infection prevention messages.
- Sufficient alcohol-based hand sanitizer (ABHS) gel, foam or wipes and lotion for clinic staff and clients.
- Surgical masks, face shields, goggles.
- Disposable gloves.
- Surface disinfectant wipes, disinfectant spray, paper towels, disposable cloths, hands-free garbage cans with plastic liners.
- Disposable tissues.

Nurses

- Shall apply physical distancing measures between immunization stations.
- Shall disinfect chair and table surfaces between all clients.
- Screen clients for symptoms before immunizing them.
- Hand hygiene shall be practiced according to policy including:
  - ✓ Before entering and leaving the work area.
  - ✓ Before preparing or handling sterile products or medications.
  - ✓ Before and after contact with a client.
  - ✓ After removing disposable gloves.
- Food and beverage consumption, including water bottles, is not permitted in clinical areas.

Clients

- Screen selves for illness.
- Signage shall be posted at the entrance to the facility to advise the public that they are required to use ABHS upon entering and leaving the facility and touching door handles; to practice cough etiquette, and if they have disease symptoms that they will not be immunized and should leave the facility immediately.
- All clients shall use ABHS upon sitting at the immunization station.
- Apply physical distancing practices to reduce crowds in queues and post-immunization observation areas to prevent potential transmission.

Appendix 15: Public Health Immunization Supply List Recommendations

IMMUNIZATION SUPPLIES/EQUIPMENT	
Vaccine (and diluent/adjuvant if applicable)	Face shield
3 mL syringes with safety needles, 25 gauge 1”	Biohazard yellow bags (for gowns) –
3 mL syringes	Bandages
25 G 1" safety needles	Biohazard waste boxes and liners
25 G 1½" safety needles	Hand Sanitizer
1 mL 25 G tuberculin syringes	Anaphylaxis kits
18 G 1” needles	Adrenalin (epinephrine) 1:1000 ampoules
Cotton balls	Benadryl® (oral and injectable diphenhydramine)
Sharps containers (4 L or larger)	Stethoscope
Sharps containers (small)	Blood pressure cuffs (child and adult reg. and large)
Procedure towels	Pocket masks with one way valve – child and adult
Brown paper bags	Vaccine insulated cooler bags/coolers
Alcohol swabs	Ice/cold packs
Chlorhexidine swabs	Latex-free gloves – assorted sizes
Goggles intruder safety, clear, anti-fog lenses with cleaner.	Min-Max thermometers
Surgical masks - disposable	Thermometers for client temperature checking
Disposable gowns	Mats
Mask with visor	Blankets
NURSING REQUIREMENTS	
SIIP document	AEFI report forms
Consent forms	Blood and body fluid exposure incident form
Line list form	Emergency phone lists
Vaccine fact sheets	Team lists/Team Schedule
Vaccine product monographs	Vaccine Count sheets
Mass Immunization Plan (Annex)	Stat forms – child entry into Panorama, track HCWs
Immunization Wallet cards	Vaccine temperature monitoring sheets
Incident Report form	Freeze Watch/Warm Mark indicators
GENERAL SUPPLIES AND EQUIPMENT	
Tables	Cart for wheeling supplies
Chairs	Spray cleaning solution
Table covers	Disinfectant wipes
Screening drapes (portable partitions) for privacy	Paper towels
Traffic ropes and rope stands	Facial tissues
Signage	Flashlight
Garbage bags	Supplies for washrooms (soap, toilet paper, paper towel)

OFFICE SUPPLIES	
Paper 8.5” x 11”	Sticky tack for posters
Pen, pencils, highlighters, sharpies	Sticky notes and large wall post for staff updates
Envelopes	File boxes/lock boxes/file folder system
Clipboards	Date stamps, stamp pads
Scissors, staplers, staples, paperclips	Black clips 2” and 1” for papers
Tape	Secure folders for transfer of health information
Rubber bands to bundle vaccines	Transparent page protectors
IT REQUIREMENTS	
Laptops	Telephones, cell phones, chargers
Computer/TV for screening/information videos	2-way radios
Scrolling text for waiting areas for screens/monitors	Power bars
Thumb drives, MiFi drives	Extension cords
Portable printers/scanners	Portable projector
SECURITY REQUIREMENTS	
Organization approved ID Badges for staff, volunteers	Master schedules
Sign-in/sign-out station for staff, volunteers	Staff temperature screening list and screening station
Volunteer confidentiality forms	
OTHER ITEMS	
Ear protection or back of head strap holders	Bright coloured duct tape
CVA vehicles SUV or van when possible	Juice boxes
Maintenance support/assistance	Mini water bottles
Plexiglas partitions to set on tables – protect set up	Locking plastic bags
Sit-stand chairs – local need for injury prevention	Transportation of dangerous goods forms
Stickers	Poster for HCW to self-identify to nurses
Totes or duffle bags to transport supplies	Hand sanitizer dispenser stations or bottles
Rolls of clear packing film to wrap carts or bungee cords	Electronic signage
Tape measures for 6” physical distancing	

Appendix 16: Vaccine Provider Application Form - Pharmacy

Saskatchewan

Appendix A
Vaccine Provider Application Form-Pharmacy

Instructions: Submit this completed Application Form to the Drug Plan and Extended Benefits Branch (DPEBB) by (DATE) via:
E-mail: DPEBimmunizations@health.gov.sk.ca
Fax: 306-798-2022
Mail: Drug Plan and Extended Benefits Branch
3475 Albert St.
Regina, SK S4S 6X6

1) Pharmacy Information: Please print

Pharmacy Name	DPEBB Pharmacy Number	
Address	City	Postal Code
Phone Number	Fax Number	

2) Contact Information (Pharmacist(s) who will be immunizing): Please Print

Contact Name(s)	E-Mail Address
1. 2. 3. 4.	1. 2. 3. 4.

Requirements and Resources

- The provision of Saskatchewan Health's publicly funded influenza vaccines is based on eligibility criteria as noted in the *Saskatchewan Influenza Immunization Policy.*
- Refer to the Drug Plan and Extended Benefits Branch online influenza resources at http://formulary.drugplan.ehealthsask.ca/InfluenzaImmunizationProgram
- Refer to the Saskatchewan Health website at https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services for publicly funded immunization schedules, information, and resources.
- Vaccines are to be stored between 2°C to 8°C in an appropriate temperature-monitored refrigerator. Refer to Chapter 9 of the Saskatchewan Immunization Manual (SIM): https://www.ehealthsask.ca/services/Manuals/Documents/sim-chapter9.pdf
- **BAR REFRIGERATORS MUST NOT BE USED FOR VACCINE STORAGE.**

I have reviewed Chapter 9 of the SIM and have the proper storage and temperature monitoring devices and procedures as indicated in the attached checklist, in place.
I acknowledge and agree that this pharmacy may be audited at any time for compliance.

Signed: _____ **Date:** YYYY/MM/DD _____

Printed Name: _____ **Designation: Pharmacist** ☐

For Ministry of Health Use Only:

Reviewed by:	Date	Approved	Comments
	YYYY/MM/DD	Y ☐ N ☐	
	YYYY/MM/DD	Y ☐ N ☐	

Appendix 17: Pharmacy Vaccine Storage and Handling Checklist

Saskatchewan

Pharmacy Vaccine Storage and Handling Checklist

The following checklist is a guide and is not an exhaustive list. Please refer to Chapter 9 of the *Saskatchewan Immunization Manual* (https://www.ehealthsask.ca/services/Manuals/Documents/sim-chapter9.pdf) as your primary resource for storage and management of publicly funded vaccines. Failure to meet the criteria below may result in the withdrawal of vaccines from your facility. Requirements flagged with * are essential requirements; others are strongly recommended.

Submit the completed checklist with the completed Vaccine Provider Application Form to the Drug Plan and Extended Benefits Branch via Email at DPEBimmunizations@health.gov.sk.ca or Fax: 306-798-2022

Clinic/Facility Name: _____

Checklist completed by: _____ Date: _____ YYYY/MM/DD

Personnel	☐ Staff have been provided with training about the importance of proper vaccine management* ☐ There is a designated person in charge of ordering vaccines, inventory management and refrigerator temperature monitoring* ☐ There is a designated back up person for vaccine management issues* ☐ An EMERGENCY PLAN for power outages and refrigerator malfunctions has been established, posted on the refrigerator and has been reviewed by all staff*
Refrigerator	☐ In this pharmacy, vaccines are stored in: (please circle a or b)* a) a purpose-built vaccine refrigerator (preferred) or b) a domestic stand-alone refrigerator ▪ domestic bar-size refrigerator should never be used ▪ domestic bar-size refrigerator with inside freezer should never be used ☐ The refrigerator is placed away from direct sunlight and a few inches away from external walls ☐ A "DO NOT UNPLUG" sign has been placed next to the refrigerator's electrical outlet*
Vaccine Storage and Inventory Management	☐ Vaccines will be unpacked and refrigerated IMMEDIATELY upon receipt* ☐ Vaccines must be returned to the refrigerator IMMEDIATELY after use* ☐ Vaccines are organized by product name and stored in their original boxes ☐ Vaccines are rotated on the "FIRST TO EXPIRE, FIRST OUT" principle* ☐ Open vaccine vials are used before another vial is opened.* ☐ Vaccines are checked for EXPIRY dates at the beginning or end of every month* ☐ Vaccines are stored on the MIDDLE refrigerator shelves and NOT in the refrigerator door* ☐ Vaccine orders are based on pharmacy needs which are based on actual client demand* ☐ DO NOT store food, beverages, lab specimens and other non-medicinal items in the refrigerator* ☐ Vaccines are removed from the refrigerator immediately upon their expiry* ☐ Report wasted/damaged/expired vaccines monthly to Roy Romanow Provincial Laboratory (RRPL) using the vaccine wastage report form found in SIM chapter 9*
Temperature Monitoring	☐ The refrigerator temperature is maintained between +2°C to +8°C (strive for 5°C at all times)* ☐ The vaccine refrigerator is equipped with, at minimum, a Min/Max digital thermometer* ☐ The temperature sensor is placed on the middle shelf of the vaccine refrigerator* ☐ The batteries of the min/max device are changed at least every six months* ☐ A "TEMPERATURE LOG" is posted on the refrigerator door and the ambient (room) temperature, and the min/max internal refrigerator temperatures are recorded and initialled TWICE daily (morning and evening) ensuring the min/max thermometer is reset after each reading.*
Cold Chain Break Reporting	☐ Complete the Cold Chain Break Report Form IMMEDIATELY to report cold chain break when the refrigerator temperature goes out of range (below 2°C or above 8°C) ☐ Fax the Form to : 306-787-3237 ☐ Vaccines exposed to a cold chain break must be labelled as "DO NOT USE" and kept in a temperature-monitored refrigerator until vaccine viability is determined by Population Health Branch.