

# GUIDANCE FOR IMMUNIZING PROVIDERS RETURNING TO PRACTICE

*Re-opening for services will look a little different for every immunization provider office. This document provides some guidance to prepare your office for returning to practice.*

## Your Health Care Team

### Determining Supply Needs:

- Determine staff personal protective equipment (PPE) needs (based on levels of infection within the community, types of patients seen, and types of patient care procedures performed). For additional information see the Occupational Safety and Health Administration's (OSHA) "Guidance for Preparing Workplaces for COVID-19": [www.osha.gov/Publications/OSHA3990.pdf](http://www.osha.gov/Publications/OSHA3990.pdf).

### Staff Education on the Following:

- New procedures/protocols (including staff sick leave policies and social distancing measures).
- Ensure that health care personnel (HCP) are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.
- Educate on the importance of a consistent patient communication message.

### Employee Screening and Protocols:

- Implement routine screening of all staff for potential coronavirus disease-2019 (COVID-19) related symptoms such as fever, chills, cough, shortness of breath, headache, and fatigue.
  - Actively take staff's temperature and document absence of symptoms consistent with COVID-19—preferred daily before start of the shift.
  - If symptoms present at any point during the day, have them keep their cloth face covering or facemask on and leave the workplace.
- Develop sick leave policies for staff who are ill with a fever or symptoms consistent with COVID-19 (they should not come to work).
- Provide specific guidelines on when symptomatic staff can safely return to work. Please see the Centers for Disease Control and Prevention's (CDC) "Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance)": [www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)
- Restrict the number of workers present on premises to no more than what is strictly necessary to perform work.
  - Consider telecommuting as an option for certain tasks like scheduling and billing.
  - Due to HCP exposures, illness, or need to care for family members at home, healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these.
    - Consider rotating staff—half work one week, the other half the following week.

# Office Visit Protocols

## Patient Appointments:

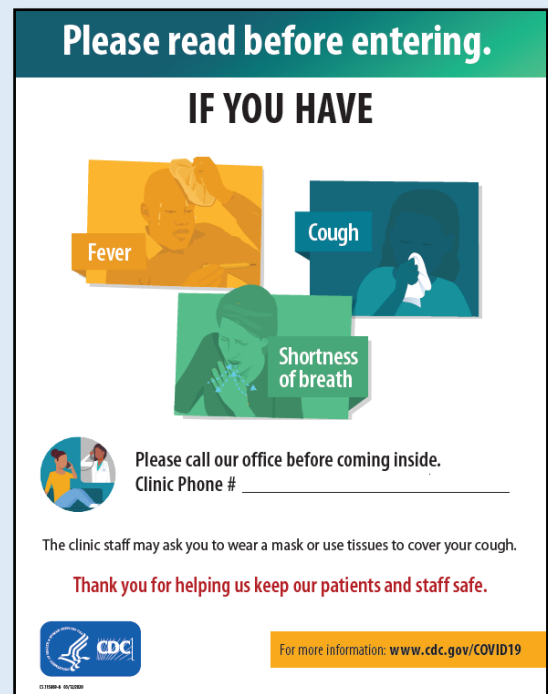
- It is important to have clear communication for instilling trust by verbalizing how you are keeping patients safe. Review “CALL, DON’T CANCEL” (Vaccinate Your Family): <https://64gbq3vj11cj33l2zkxvv10k-wpengine.netdna-ssl.com/wp-content/uploads/2020/05/Talking-to-People-about-the-Importance-of-Vaccines-during-COVID-May-2020.pdf>.
- Utilize telemedicine/telehealth for appointments when possible.
- Schedule in-person visits according to medical priority.
- Conduct business via phone and use e-documents when feasible (i.e., triage, screening, billing, registration, consent etc.). This can help eliminate the need to come in or time spent in the office.
- Consider maintaining low patient volumes or spacing out appointments.
- Implement mitigation controls: social distancing, minimizing foot traffic, limiting the number of patients in waiting areas (or adopt alternatives to waiting rooms), etc.
  - For specific examples, see “Office Preparation” below.
- Send out an email (or messaging of choice) to all patients updating them of the new procedures and steps that are being taken.
  - Recommend that those over 2 years of age wear a cloth face covering if medically able (if patient does not have one, provide a mask if resources allow).
- Review CDC’s interim guidance which outlines goals and strategies suggested for U.S. ambulatory care settings in response to community spread of COVID-19: [www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html).

## In-Person Appointments:

- Consider dedicated morning hours for well visits/preventive care visits and then afternoons dedicated to sick visits.
- Consider separate entrances/exits for sick and well visit patients.
- Consider providing care at the patient’s car in the parking lot.
- Minimize the number of patients who will be in the waiting room and the amount of time spent in the waiting room, especially if you do not have them wait in the car.
  - Consider having patients wait in their car prior to their appointment and call them in when it is time for them to be seen.
  - Registration and screening could be done over the phone.
- Set a limit on additional people at in-person appointments. If patient must be accompanied, screen chaperone/parent/guardian for COVID-19.
- Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility. Keep up to date on the recommendations for preventing spread of COVID-19 on CDC’s website.
- Minimize direct contact between patients and staff and maintain appropriate distancing.

## Office Preparation

- Post signage at the practice:
  - Post your most recent policies and procedures at the entrance so that patients understand the steps they need to follow.
  - Encourage patients to call from their vehicle prior to entering the building. This way staff can screen the patients prior to coming in.
  - Inform patients not to enter the practice and to call first if they have symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing).
  - Place educational information in the waiting room and exam rooms on how to protect oneself from COVID-19.
  - Print resources to post in your office can be found at CDC's Print Resources for COVID-19: [www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html](http://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html).
- Reorganize waiting room if possible, to maintain social distancing guideline of 6 feet.
  - Take out waiting room chairs and place tape markings on the floor.
- Remove toys, magazines, books, and other shared items in waiting areas, as well as office items, such as pens, clipboards, phones, etc.
- Have separate entrance and exit doors if possible.
- If the office is big enough, consider using certain rooms on one side for sick visits and rooms on another side for well visits.
- Install physical barriers, such as clear plastic sneeze guards at reception and check-out desks.
- Ensure you have ample supply of PPE (e.g., gowns, goggles, gloves, and respiratory protection) and disposable goods such as facial tissue, soap, hand sanitizer, and disinfectants.
- Think about offering:
  - No-touch waste containers with disposable liners in all areas of the office.
  - Alcohol-based hand rub and masks in all reception, waiting, patient care, and restroom areas.
  - Keep soap dispensers stocked, and post handwashing signs.
- Create and adopt an infection control plan that includes standards for thorough facility cleaning and disinfection to limit staff and patient exposure to COVID-19. Post signage in office regarding cleaning policy.
  - Clean exam room after every patient, clean front office and waiting area.



## Immunization Specific Guidance

*Since COVID-19, vaccination coverage estimates have declined in Michigan. Even short disruptions in routine immunization services can increase the risk of vaccine-preventable disease outbreaks, such as measles and pertussis (whooping cough). It is important to implement strategies specific to immunization visits as well as a process for calling back overdue patients as measures allow.*

- Consider scheduling immunization visits and well-visits in the AM to limit exposure.
- Consider having immunization-only visits, immunization-only days, and/or extended hours dedicated to immunization-only appointments.
- Use PPE as appropriate. See CDC Coronavirus Disease 2019 Infection Control Guidance: [www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).
  - See next page for “Vaccine administration” implications
- Bringing patients back to the office and prioritizing care will be dependent on trends within your community, immunization need, and even your office immunization rates.
- Generate reports in the Michigan Care Improvement Registry (MCIR) to determine immunization priorities within your office.
  - i.e., MCIR Recall functionality for patients overdue for vaccines. See the MCIR Reminder/Recall Manual here: [www.mcir.org/wp-content/uploads/2017/08/RR-User-Reference-Guide.pdf](http://www.mcir.org/wp-content/uploads/2017/08/RR-User-Reference-Guide.pdf).
  - i.e., Immunization Quality Improvement (QI) Reports are available to identify vaccine coverage percentages and patients due or overdue at the practice/clinic level. Contact your LHD for further guidance.
- Become familiar with and use the immunization catch-up schedule, which is recommended when a patient starts late or is more than one month behind. Once caught up on their immunizations, the recommended schedule should be followed:
  - The CDC Immunization Schedules (routine, catch-up, and catch-up guidance) can be found at: [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html).
- Please see the following links for additional information:
  - CDC’s “Recommended and Minimum Ages and Intervals Between Doses of Routinely Recommended Vaccines”: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf).
  - CDC’s “General Best Practice Guidelines for Immunizations: “Timing and Spacing of Immunobiologics”: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html).
- Use MDHHS and CDC immunization educational tools:
  - MDHHS posters encouraging patients to come in for vaccinations
  - Guidance documents ([www.michigan.gov/vaccinesduringcovid](http://www.michigan.gov/vaccinesduringcovid))
  - Social media messages about the importance of immunizations that can be used on different platforms (i.e., Facebook, Twitter, provider websites, etc.)
- CDC has released Vaccination Guidance During a Pandemic: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>.
  - This interim guidance is meant to assist immunization providers with safe administration of vaccines during the COVID-19 pandemic.
  - Several tabs containing information pertinent to vaccine delivery being addressed.

## Immunization Specific Guidance Continued

- Vaccine recommendations during the COVID-19 pandemic:
  - It is important to assess the vaccination status of all children, adolescents, and adults at each patient visit to avoid missed opportunities for vaccination and ensure timely vaccine catch-up.
  - All vaccines due or overdue should be administered according to the recommended CDC immunization schedules during that visit unless a specific contraindication exists. This provides protection as soon as possible as well as minimize the number of healthcare visits needed to complete vaccination.
  - Annual influenza vaccination is recommended for all persons age 6 months and older. During the COVID-19 pandemic, reducing the overall burden of respiratory illness, such as influenza, is important.
- Vaccinating persons with suspected or confirmed COVID-19:
  - Routine vaccination should be deferred for persons with suspected or confirmed COVID-19, regardless of symptoms, until they can discontinue isolation.
  - Mild illness is not a contraindication to vaccination, but due to potential exposure to others, vaccination visits should be postponed until isolation is discontinued and symptoms subside. Patients should be instructed to notify the provider's office in advance if they have or develop symptoms of COVID-19.
- Vaccine administration during the COVID-19 pandemic:
  - The potential for asymptomatic transmission of the virus that causes COVID-19 underscores the importance of applying infection prevention practices to all visits. See section on Office Preparation above for guidance on how to mitigate exposure.
  - Ensure all staff adhere to the following infection prevention and control procedures:
    - Wear a medical facemask at all times.
  - Use eye protection based on level of community transmission:
    - Moderate to substantial: should wear eye protection given the increased chance of encountering asymptomatic COVID-19 patients.
    - Minimal to none: Universal eye protection is considered optional, unless otherwise indicated as a part of Standard Precautions.
  - Additional considerations for vaccine administration:
    - Intranasal or oral vaccines: healthcare providers should wear gloves when administering intranasal or oral vaccines because of the increased likelihood of coming into contact with a patient's mucous membranes and body fluids. Gloves should be changed between patients in addition to performing hand hygiene.
      - Administration of these vaccines is not considered an aerosol-generating procedure and thus, the use of an N95 or higher-level respirator is not recommended.
    - Intramuscular or subcutaneous vaccines: if gloves are worn during vaccine administration, they should be changed between patients in addition to performing hand hygiene.