



Infection Prevention and Control Guideline for COVID-19 Vaccination Campaign

A summary of the major Infection Prevention and Control (IPC) principles are addressed in this document and the precautions to observe for safely in administering COVID-19 vaccines.

The target audience is, but not limited to, policy makers, immunization programme managers, IPC focal points at national, sub-national and facility levels, and health workers involved in COVID-19 vaccination delivery. It has been adapted from WHO COVID-19 vaccination guidelines and documents making the necessary adjustments to suit the Iraq context.

Key Principles



- National guidance and protocols for IPC measures including those related to COVID-19, should be consulted, and adhered to.
- [Appropriate staffing levels](#), depending on the WHO/national tools (national norms on patient/staff ratio).
- Sufficient and appropriate [supplies and equipment](#) and reliable power/energy should be available for performing all IPC practices, including standard and transmission-based precautions, according to minimum requirements/SOPs.

Education and Training



- Trained IPC link person, with dedicated (part-) time in each vaccination center.
- Information material about routine IPC should be provided to staff and patients/clients accessing vaccination centers.
- All staff should be trained in basic IPC guidelines/SOPs.
- Training should be appropriate to their roles and should include, at least, hand hygiene and the use of PPE.

Vaccination site



- The facility design should allow adequate natural ventilation, decontamination of reusable medical devices, triage, and space for temporary cohorting /isolation/physical separation if necessary.
- Overall occupancy should not exceed half of the designed total capacity of the facility to reduce overcrowding and apply the required prevention measures.
- Design patient flow system to manage the use of space in the facility to establish the required standard to prevent COVID-19 transmission in waiting area and vaccine administration stations of at least 1-meter space between all individuals in the vaccination facility.
- Design triage system (including referral system). A system for the management of consultations should be established according to existing guidelines, if available.
- Implement vaccination appointments system to avoid overcrowding and facilitate physical distancing and adherence to IPC practices.
- Signs or posters directing clients to follow a specific pathway at all facility entrances, exits, and vaccination stations.
- Ensure health facility is medically equipped with observation area for dealing with possible vaccine adverse reactions.
- Adequate number of hand hygiene stations should be present in strategic areas to support appropriate hand hygiene for the public and staff.
- Reliable electricity source should be available to provide lighting to clinical areas for providing continuous and safe care.

	<ul style="list-style-type: none"> • Health facilities especially waiting areas should always be equipped with the following for patients: <ul style="list-style-type: none"> ○ hand hygiene stations with adequate water supply and soap; and/or sanitizers. ○ Face masks ○ tissues ○ covered color coded waste bins • Water should always be available from a source on the premises to perform proper IPC measures. • A minimum of two functional, improved sanitation facilities should be available on-site, one for patients/clients and the other for staff.
<p>Patient care equipment</p> 	<ul style="list-style-type: none"> • Minimize equipment and unnecessary items to reduce clutter in vaccination stations. • Use disposable patient equipment when possible. • Equipment that is unable to be dedicated should be cleaned and disinfected after use, allowed to dry, and stored in a clean place. • Prepare each injection in a clean, designated area, and discard used syringes as a single unit into a sharps' container immediately. • A local process should be implemented to manage health records and the following steps may assist in reducing the risk of cross contamination of these items: <ul style="list-style-type: none"> ○ Hand hygiene before/after contact with note pads (patients/clients and health workers) ○ Clean pens and other accessories. ○ Keep desk areas clean with necessary items only. ○ Clean workstations and work sites. ○ Move to electronic notes when possible.
<p>COVID-19 surveillance</p> 	<ul style="list-style-type: none"> • Monitor all staff and clients arriving for vaccination for signs and symptoms of COVID-19. • Implement immediate reporting and notification system of COVID-19 infections. • Track any unusual trends, internal system gaps, process shortages and take immediate action to resolve.
<p>IPC key measures</p> 	<p><u>Hand Hygiene</u> and <u>Gloves</u>:</p> <ul style="list-style-type: none"> • Administered before and after each episode of individual contact and after contact with potentially contaminated surfaces or objects. • Gloves are not a substitute for hand hygiene. Staff should perform hand hygiene before putting gloves on and after taking them off. • Clients to be vaccinated should be encouraged to perform hand hygiene. • Gloves are single use. Use only once, discard immediately after use. • Change gloves between care activities for the same patient/client and between one patient/client and another.

IPC key measures



Gowns:

- Perform hand hygiene before taking on and immediately after taking off a gown.
- Remember to fasten the tie strings at the neck and the waist.
- Make sure the sleeves cover your wrists.
- Remove soiled gown as soon as possible.
- Do not reuse gowns, and place in covered waste container immediately after use; do not tear or rip to remove.

Facial protection:

- Wear facial (mask and eye) protection to protect your mouth, nose, and eyes during activities likely to cause splashes.
Proper wearing of a mask includes:
 - Ensure a snug fit over the nose and under the chin.
 - Wear mask with the moisture-absorbing side closest to the face.
 - Change the mask when it is moist.
- Regular prescription glasses do not meet Workplace Health and Safety regulations for [eye protection](#). Face shields/goggles are the preferred option for eye protection
- Discard single-use masks and eye protection in covered waste container.

Waste management



- Health facility must have differential waste collection containers in close distance to all waste-generation points, divided and [color coded](#) as follow:
 - Non-infectious (General waste).
 - Infectious waste.
 - Sharps waste.
- Collect used syringes and needles at the point of use in an enclosed sharps container that is puncture and leak-proof, and seal once $\frac{3}{4}$ full and store in a secure area in preparation for transport and final disposal. Do not open, empty, re-use, or sell such used containers.

References:

1. [COVID-19 Clinical Management – Living guidance – 25 January 2021](#)
2. [COVID-19 Infection Prevention and Control Manual](#)
3. [Public health surveillance for COVID-19: interim guidance](#)
4. [Minimum Requirements for infection prevention and control \(IPC\) programmes](#)
5. [Infection prevention and control health-care facility response for COVID-19: a module from the suite of health service capacity assessments in the context of the COVID-19 pandemic: interim guidance, 20 October 2020](#)

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