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## 1 Introduction

This is the NHS Borders Infection Control Protocol for the Mass Influenza vaccine programme. It deals with infection control aspects of the vaccination programme only. Clinicians must familiarise themselves with other policies and procedures in relation to the vaccination programme.

### 1.1 Statement of Intent

The aim of this Protocol is to provide guidance to support:

- safe and effective infection control working practices
- reduce infection control risks to staff, children, adults and the wider public
- the appropriate management of waste

### 1.2 Objectives

- to standardise practice across NHS Borders
- to provide staff with clear infection control information
- to ensure that infection control responsibilities are clearly defined

### 1.3 Staff Responsibility

All staff involved in the delivery and organisation of the influenza mass vaccination programme must follow and familiarise themselves with this protocol. Further standard infection control and prevention information can be found on the [NHS Borders microsite](#).

## 2 Vaccine information

### 2.1 Inactivated influenza vaccine by injection

For individuals aged 65 years or above on 31st March 2021

And individuals aged 6 months to 64 years identified in the Scottish Government's seasonal influenza vaccination programme 2020-21 for the groups identified in the PGD. This vaccine may also be offered to a small number of children contraindicated for Fluenz®.

It is inactivated and cannot cause influenza. There's a small chance the individual may experience symptoms such as a sore arm or a few aches and pains immediately after being vaccinated but any side effects are usually very mild and pass within 48 hours. This can be a sign the immune system is responding to the vaccine and is working – but it's not influenza.

Coughing/sneezing and used sharps pose the most significant infection control risk. As the vaccine is inactivated the general infection control risks are negligible (over and above specific COVID-19 risks).

[NHS Borders Occupational Health Sharps Guidance](#) must be followed when dealing with sharps. All sharps must be disposed of via an orange lidded sharps bin.

### 2.2 Live intranasal influenza vaccine (note: this may not be offered as part of the mass immunisation programme)

Fluenz® is a vaccine. Vaccines work by 'teaching' the immune system how to defend itself against a disease. Fluenz® contains strains of flu virus that have first been weakened (attenuated) so that they do not cause influenza to develop.

Fluenz® is the vaccine offered as part of the UK national childhood immunisation programme. It is a **live attenuated intranasal vaccine**, adapted to cold so that it cannot replicate at body temperature.

It is contraindicated in children and adolescents who are clinically severely immunodeficient due to conditions or immunosuppressive therapy such as: acute and chronic leukaemias; lymphoma; symptomatic HIV infection; cellular immune deficiencies; and high-dose corticosteroids. Fluenz® is not contraindicated for use in individuals with asymptomatic HIV infection.

### **3 Contamination and Transmission risk of live vaccine**

#### **3.1 Contamination by vaccine**

In the unlikely event of contamination of the administrator or child:

- if face, eyes or mouth is contaminated then rinse immediately with copious amounts of running water
- if skin is contaminated then wash area with soap and running water
- if clothing is contaminated then rinse well with soap and running water

For further information see National Infection Prevention and Control Manual: [Appendix 10- Management of occupational exposure incidents](#)

#### **3.2 Transmission risk of vaccine**

The risk of transmission is real but clinically insignificant because the viruses are weakened or inactivated; infection is unlikely to result in influenza illness symptoms since the vaccine viruses have not been shown to mutate into typical or naturally occurring influenza viruses.

No report has been identified in the medical literature about secondary transmission from a person who received the Live Attenuated Influenza Vaccine (LAIV) that resulted in clinically important illness. Vaccine recipients (or parents/guardians) however should be appropriately informed that Fluenz® is an attenuated live virus vaccine and has the potential for transmission to immunocompromised contacts. Vaccine recipients should attempt to avoid, whenever possible, close association with severely immunocompromised individuals (e.g. bone marrow transplant recipients requiring isolation) for 1-2 weeks following vaccination. In circumstances where contact with severely immunocompromised individuals is unavoidable, the potential risk of transmission of the influenza vaccine virus should be weighed against the risk of acquiring and transmitting wild-type influenza virus.

Administration of intra nasal vaccine may trigger coughing/sneezing. Transmission of COVID-19 in this manner is a risk factor:

- wear PPE as indicated below
- have paper tissues and waste bins readily available
- advise patients pre-administration to use a tissue to cover their mouth and nose if they need to cough / sneeze
- cough etiquette / respiratory hygiene is part of Standard Infection Control Precautions
- ensure the area of administration is well ventilated e.g. large room with windows open

#### **3.3 Should Fluenz® vaccination be administered to children who are immunocompromised?**

(e.g. bone marrow transplant recipients), household contacts of these bone marrow transplant recipients and should they be excluded from school?

Immunocompromised children - advice on the above will obviously depend on the severity of their illness.

Severe immunocompromised requiring isolation - for children who are severely immunocompromised (e.g. in isolation after bone marrow transplantation) it is clear that they should not receive Fluenz® and should receive the inactivated vaccine. Until these individuals are deemed well enough to attend school they and their parents should be advised that household contacts should not receive Fluenz® and should instead be vaccinated as early in the season as possible with an inactivated flu vaccine by their GP (as per Green Book guidance).

Less severe immunocompromised children not requiring isolation: These children should be advised (along with their household contacts) to seek vaccination with an inactivated flu vaccine as early as possible at the start of the season. If the child is vaccinated 2 weeks in advance of their school class contacts receiving Fluenz®, the risk is very low that they will become ill with a vaccine strain of virus and so they should be advised to attend school as normal. However, if the child is **not** vaccinated with an inactivated vaccine 2 weeks in advance of their eligible household and/or school contacts being offered routine Fluenz® vaccination, the parents should be advised that eligible household contacts should only be offered inactivated vaccine. Evidence suggests the risk of transmission of vaccine virus and subsequent significant illness seems to be very low indeed (more theoretical than real) and the child should not be excluded from school.

### **3.4 Transmission risk to staff who are immunosuppressed or pregnant**

- as a precaution, very severely immunosuppressed individuals should not administer the vaccine
- other staff who are immunosuppressed should take reasonable precautions to avoid inhaling the Fluenz® vaccine and ensure that they are appropriately vaccinated. Staff who fall into these categories should discuss the relative risk and controls with their line manager, seeking advice from infection control if required
- in the context of the **Fluenz® vaccine only**, there may be a theoretical risk to pregnant woman and unborn child
- the relative risk of developing infection is deemed to be very low and should infection occur it is unlikely to be clinically insignificant

### **3.5 What does the term "reasonable precautions" mean in managing exposure of healthcare professionals to live attenuated influenza vaccine viruses?**

Public Health Practitioners have asked for clarification of the statement in the section of the flu GB chapter 'regarding pregnant women and those who are immunosuppressed taking "reasonable precautions" to avoid inhaling the vaccine'. The answer is that a common sense approach should apply in this situation, the risk of colonisation is thought to be minimal and all staff will be wearing fluid repellent surgical masks this year (Some practical suggestions may include don't give vaccine too close-up, don't inhale whilst vaccinating, arms length administration of the vaccine, well ventilated room if possible etc.)

### **3.6 Fluenz® : Environmental risk**

Fluenz® does not replicate freely in the environment. It does not carry a toxic transgene, is specific to humans, does not integrate and therefore it is very unlikely to transfer genes to any other species, and is well tolerated in vaccinated individuals at recommended administration doses.

## 4 Environment

Discussion with Public Health prior to each clinic should seek to ensure that there are no outbreaks or higher incidence of COVID19 infection in the local community. Any such increase may require a different approach to PPE or cancellation of the clinic.

### 4.1 Risk assessment

Each site must have a documented risk assessment completed to assess the suitability of the venue for a vaccination clinic. The assessment should consider but is not limited to:

- Infection Control aspects:
  - hand washing facilities
  - areas for secure waste storage
  - prior and post venue usage
  - environmental cleaning
  - building suitability: Fabric
- Health & Safety aspects:
  - venue insurance
  - fire safety arrangements and fire alarm testing schedule
  - space and layout for social distancing, both through the venue and in the clinical space. Consideration should be given to potential for queues
  - access/egress routes for patients and NHS staff. Consider suitability for those with impairment e.g. visual, mobility, etc
  - adverse weather, does the venue have arrangements for clearing snow/ice
  - heating
  - ventilation does the clinical space have windows or mechanical ventilation. If air conditioning is present is it set to fresh air mode
  - manual handling of equipment to set the clinic up
  - emergency arrangements, can emergency services access the venue
  - vehicle access and parking, does the site offer segregated vehicle/pedestrian access
  - electrical equipment, trailing cables for laptops, PAT testing
  - space for staff breaks

The risk assessment will allow appropriate controls to be identified and implemented to ensure a safe vaccination clinic can be undertaken. The assessment in *Appendix 2* can be utilised to identify potential hazards at the venue, the checklist can then be used as the basis to complete a Health & Safety Risk Assessment on the risk register for the venue.

On the day of the clinic a dynamic risk assessment must be undertaken by the Health Board vaccination representative prior to commencing the vaccination clinic, to ensure the venue has been set up correctly. This must include:

- identification of hand washing facilities for clinic staff, with adequate supplies of liquid soap and paper towels and waste bin (these must be as near as possible to the clinic room)
- identification of Alcohol based hand rub points (min of one to each individual clinical area and entrance exit) and access to hand cream
- identification of most appropriate hand decontamination practice (see hand decontamination section)
- identification of clinical waste storage area (additional to usual volume)
- location of waste bins and tissues for respiratory etiquette (at all vaccination points and entrance/exit)
- review of respiratory hygiene facilities in each room - including ventilation and size of room (small unventilated spaces must be avoided)

- identification of cleaning schedule for room: the clinic room must be fully cleaned prior to and immediately following clinic activity. Cleaning should be undertaken with routine cleaning products
- vaccination clinic space has been setup correctly
- social distancing arrangements implemented
- no Health & Safety concerns

The outcome of the dynamic assessment should be recorded on the checklist in *Appendix 3*.

#### 4.2 Patients

A clinical assessment should be undertaken prior to attendance at the clinic. This can be undertaken by the patient and verbally checked at entrance to clinic (Appendix 1). Respiratory etiquette should be discussed with individual prior to vaccination. Individuals should be encouraged to decontaminate their hands after blowing or wiping their nose

### 5 PPE/Hand Hygiene

- administrative staff should wear a fluid repellent mask. No other PPE is required, unless this is defined based on dynamic risk assessment
- soap and water hand washing is considered the preferable method for hand decontamination
- soap and water hand washing must take place following visible contamination (i.e. sneezing by the patient)
- PPE should be disposed of via the clinical (yellow bag) waste stream if used
- all hand washing/hand hygiene should follow WHO 5 moments of Hand Hygiene

Due to the large numbers of individuals seen, skin integrity must be maintained, this should be achieved using the above decontamination methods and through the use of approved **hand cream** on a regular basis.

When using hand rub a dynamic risk assessment must be in place to ensure that hands are washed (in addition to Alcohol Based Hand Rub (ABHR)) if visibly dirty or grossly contaminated.

ABHR can be used as many times as needed until you feel a 'build up', at this point hand washing is necessary. As everyone's skin is different it depends on the individual; the efficacy will not change, as long as the user rubs the ABHR in correctly, i.e. until dry / feel a resistance to rubbing.

For further information [National Infection Prevention and Control Manual](#) for comprehensive Infection Control advice.

### 6 Vaccination: IM or SC injections

- **wear a fluid repellent mask only**. Other PPE may be used as identified on a risk assessed basis
- **ensure effective hand decontamination** between patients
- ensure alcohol based hand rub (ABHR) is available to sanitise hands

- a fluid resistant face mask can be worn for the duration of the clinical activity; it must be removed and disposed of when a member of staff moves from the immediate clinical area or if it is contaminated, broken or becomes uncomfortable
- adult patients should wear a face covering (a face mask will be provided by the Health Board if required) when attending for immunisation
- gloves should be worn where blood and body fluid exposure is anticipated as per Standard Infection Control Precautions (SICPs) outlined in the NIPCM. Tiny amounts of blood resulting from vaccination site pose little risk to a staff member where the skin of the healthcare workers hands is intact. There is therefore no need to wear gloves when delivering a vaccination provided the skin on the staff member's hands is intact and the skin of the person receiving the vaccination is intact. An SBAR which considered the need for staff to wear gloves when delivering vaccinations was produced by HPS in 2014 and can be found [here](#)

## 7 Vaccination: Nasal

- **wear a fluid repellent mask**
- **ensure effective hand decontamination between patients**
- **ensure alcohol based hand rub (ABHR) is available to sanitise hands**
- **a visor should be worn** where there is anticipated splash or spraying to the face. For example, were nasal vaccinations induce sneezing; HCWs may choose to wear a visor to prevent droplet contamination to the face following risk assessment. The individual on whom the nasal vaccination is being administered should be provided with disposable tissues to cover their mouth where any sneezing is likely. They should dispose of the tissues in a suitable waste receptacle and wash hands with warm soap and water. If there are no hand hygiene facilities available, ask the individual to use alcohol based hand rub (ABHR) and wash their hands at the earliest opportunity
- a fluid resistant face mask and visor can be worn for the duration of the clinical activity; it must be removed and disposed of when a member of staff moves from the immediate clinical area or if it is contaminated. Masks and visors must not be cleaned or reused
- other PPE may be used as identified on a risk assessed basis. Aprons should be worn where there is anticipated contamination to the healthcare workers uniform or clothing

## 8 Travelling to sessions

- where possible travel alone
- if travel together is necessary:
  - keep to small groups of people at any one time
  - maintain good ventilation by keeping the car windows open if possible
  - ask everyone, unless they are exempt, to wear a face-covering
  - clean your hands before and after your journey
  - and if the vehicle is your responsibility clean the door handles and other areas that people touch

## 9 Clinic set up

- ensure social distancing can be maintained
- use clear signage and floor markings
- ensure hand rub ABHR at entrance and exit for patients
- ensure work station is impermeable



- manage flow of patients to separate contact preferably with separate entrance and exit
- patients should be advised to attend unaccompanied wherever possible
- patients should stand for vaccine administration where possible to reduce the risk of cross contamination. Ideally patients that need to be seated should be streamed into a different flow and the chair decontaminated **with a detergent based solution** after each patient
- undertake dynamic clinic risk assessment see *appendix 3*

## 10 Decontamination

### 10.1 Cleaning before starting a clinic

It is not necessary to clean the floor before the clinic starts unless it is visibly dirty. Clean environmental surfaces and equipment that will be used and touched.

Clean using a combined detergent and disinfectant wipe (e.g. Clinell Universal Wipes):-

- wear apron and gloves
- 1 wipe per surface in an 's' shape and then dispose in clinical waste bin
- clean from top to bottom
- clean from the cleanest area towards the most contaminated area
- dispose of apron and gloves in clinical waste
- wash hands



### 10.2 Cleaning between asymptomatic patients

It is not necessary to clean the floor between patients. Clean environmental surfaces and equipment that the patient has **touched** including seating in the waiting area. Consider any other surfaces that are likely to have become contaminated and clean as necessary.

Clean using a combined detergent and disinfectant wipe (e.g. Clinell Universal Wipes):-

- wear apron and gloves
- 1 wipe per surface in an 's' shape and then dispose in clinical waste bin
- clean from top to bottom
- clean from the cleanest area towards the most contaminated area
- dispose of apron and gloves in clinical waste
- wash hands



### 10.3 Cleaning after symptomatic patients

(Note: these patients should have been screened out through the assessment process, but if this not done for any reason the following applies):

Clean as above but using Tristel Fuse or a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.))

- only use one cloth per surface and don't double dip a cloth into the cleaning solution
- leave to dry (5 minutes contact time). No need to rinse

### 10.4 Cleaning at the end of the clinic

Clean all environmental surfaces and equipment that patients and staff have accessed, this includes touch surfaces and flooring. Consider any other surfaces that are likely to have become contaminated and clean as necessary.

Clean using a combined detergent and disinfectant wipe (e.g. Clinell Universal Wipes):-

- wear apron and gloves
- 1 wipe per surface in an 's' shape and then dispose in clinical waste bin
- clean from top to bottom
- clean from the cleanest area towards the most contaminated area



- dispose of apron and gloves in clinical waste
- Wash hands

## 11 Waste Management

### 11.1 Influenza vaccine

#### Packaging

All product packaging should be disposed of via the domestic (black bag) waste stream or recycling, unless it has been contaminated by the product or by body fluids. Product packaging includes the outer box and inner plastic tray and lid. Contaminated waste should be disposed of via the infected (orange bag) waste stream.

#### Needle free syringe

The needle free syringe must be disposed of via orange lidded sharps bins to avoid spillages or leaks associated with the risk of the vaccine applicators bursting yellow bags.

#### Sharps

All sharps must be disposed of according to National Infection Prevention and Control Manual: [Chapter 1.9 Management of occupational exposure incidents](#)

### 11.2 Waste

#### Domestic (black bag) waste

Respiratory hygiene waste should be managed as domestic (black bag) waste, and in accordance with local policy. Staff should have in place controls to secure and remove this waste stream at regular intervals, according to usage and volume. All domestic waste (black bag) should be disposed of as normal domestic waste streams for the local area.

#### Infective (Orange Bag) waste

All Infective orange waste bags must be tied, be no more than  $\frac{3}{4}$  full, labelled and double bagged. They must be stored in an appropriate secure area prior to uplift.

#### Sharps bins

Sharps bins must be no more than  $\frac{3}{4}$  full secured, secured, and labelled. They must be stored in an appropriate secure area prior to uplift.

#### Waste Uplift

An uplift for all clinical waste should be arranged to coincide with the end of the daily session, or more frequently if necessary.

**Influenza Immunization Clinic**

**What do I need to do when I attend for vaccination?**

It is critically important for the health and wellbeing of you and others that you **do not attend the clinic** if you have been feeling unwell in any way.

You will be asked the questions below at your clinic attendance:

|   | <b>Please circle</b> |    |
|---|----------------------|----|
| Are you feeling unwell?   | YES                  | NO |
| Do you have a new/continuous cough?   | YES                  | NO |
| Have you had any sickness or diarrhoea within the last 48 hours?  | YES                  | NO |
| Have you noticed a change in your temperature?  | YES                  | NO |
| Have you noticed a change to your normal sense of taste or smell?   | YES                  | NO |
| Have you been in contact with anyone suspected as having, or who has tested positive for COVID-19, in the past 14 days? | YES                  | NO |

If you answer YES to any questions **please do not attend the clinic.**

## Appendix 2 Initial Clinic Assessment

Venue: \_\_\_\_\_

### Infection Control aspects:

Please circle

|   |     |    |
|---|-----|----|
| Hand washing facilities are in place              | YES | NO |
| Secure area for waste storage are in place        | YES | NO |
| Prior and post venue usage is documented          | YES | NO |
| Environmental cleaning is in place                | YES | NO |
| Building suitability: Fabric is in good condition | YES | NO |

### Health & Safety aspects:

Please circle

|   |     |    |
|---|-----|----|
| Appropriate venue insurance is obtained.  | YES | NO |
| Fire safety arrangements and fire alarm testing schedules are in place  | YES | NO |
| There is adequate space and layout for social distancing i.e. both throughout the venue and in the clinical space. Consideration should be given for potential of queues. | YES | NO |
| Access/egress routes for patients and NHS staff are in place i.e. consider suitability for those with impairment e.g. visual, mobility, etc.                              | YES | NO |
| Adverse weather is considered i.e. does the venue have arrangements for clearing snow/ice.  | YES | NO |
| Adequate heating is in place.   | YES | NO |
| Ventilation is considered i.e. does the clinical space have windows or mechanical ventilation. If air conditioning is present, is it set to fresh air mode.               | YES | NO |
| Manual handling of equipment to set the clinic up is arranged.  | YES | NO |
| Emergency arrangements are in place i.e. can emergency services access the venue easily.  | YES | NO |
| There is adequate vehicle access and parking i.e. does the site offer segregated vehicle/pedestrian access.   | YES | NO |
| Electrical equipment is handled appropriately i.e. trailing cables for laptops, PAT testing.  | YES | NO |
| There is adequate space for staff breaks.   | YES | NO |
| Any additional hazards?   |     |    |

*This checklist should be used to complete a Health & Safety Risk Assessment on the risk register for the venue.*

Initial assessment completed

by: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 3 Pre clinic dynamic risk assessment

Venue: \_\_\_\_\_

**Please circle**

|   |     |    |
|---|-----|----|
| Hand washing facilities for clinic staff have been identified and contain adequate supplies of liquid soap and paper towels and a waste bin (these must be as near as possible to the clinic room).           | YES | NO |
| Alcohol based hand rub points have been provided (minimum of one to each individual clinical area and entrance exit) AND access to hand cream.  | YES | NO |
| The most appropriate hand decontamination practice has been identified (see hand decontamination section).  | YES | NO |
| A secure clinical waste storage area has been identified (additional to usual volume).  | YES | NO |
| There are adequate locations of waste bins and tissues for respiratory etiquette (at all vaccination points and entrance/exit)  | YES | NO |
| A review of respiratory hygiene facilities in each room has been carried out - including ventilation and size of room (small unventilated spaces must be avoided).  | YES | NO |
| A cleaning schedule for the room has been identified: the clinic room must be fully cleaned prior to and immediately following clinic activity. Cleaning should be undertaken with routine cleaning products. | YES | NO |
| A vaccination clinic space has been setup correctly.  | YES | NO |
| Clean and dirty areas have been identified  | YES | NO |
| Social distancing arrangements have been implemented.   | YES | NO |
| There are no Health & Safety concerns.  | YES | NO |
| Any new hazards identified and actions taken to control the risk?   |     |    |

Assessment completed by: \_\_\_\_\_

Date: \_\_\_\_\_