Greater Manchester Screening and Immunisation Team

Risk assessment seasonal influenza vaccination drive through model

**RISK ASSESSMENT AND CHECKLIST FOR THE DELIVERY OF SEASONAL INFLUENZA 2020/21**

**VIA DRIVE-THROUGH MODEL**

This risk assessment and checklist has been developed to support practices in Greater Manchester with the delivery of the seasonal influenza programme in 2020/21. Please note:

* The identified hazards below are NOT an exhaustive list. Local risks will also need to be identified and actions taken to mitigate these.
* National guidance on PPE and social distancing recommendations are subject to change and practices will need to ensure they are aware of the latest guidance and how this impacts their flu delivery plans.
* Further guidance and resources to support practices before and during the flu season may also be shared.
* If you answer no to any of the questions please indicate actions taken to reduce any risk before vaccination session.

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| **Date of assessment**  **Date of next review** | | **Practice Name and Address** | |
| **Assessment carried out by**  **Role** | | **Flu vaccination venue** | |
| **Hazard** | **YES/NO** | **Possible Actions** | **Action taken (to be completed and checked off before running a drive-through clinic)** |
| 1. **Plan drive-through model** | | | |
| Has patient information been reviewed to include information on COVID-19? | Y/N | * Screening questions included for confirmed/possible infection * Advice provided on rearranging appointments if symptomatic for COVID/ isolating due to household case of COVID/shielding * Phone numbers included for advice/information * Reminder to patients re: wearing clothing to allow vaccination (e.g. loose sleeves) |  |
| Has an alternative option to a drive-through appointment been discussed/ offered to the patient? | Y/N | Arrangements for:   * House-bound patients * Vulnerable patients * Patients without access to vehicle for drive-through * If venue is not accessible * Shielding |  |
| Are staff able to maintain recommended social distancing rule or minimum contact with service user? | Y/N | * Only carry out essential tasks/procedures * Use of PPE (see IP & C section below) |  |
| Have work schedules been reviewed to reduce number of staff working at site to meet social distancing requirements? | Y/N | * Essential staff only to attend drive-through * Changes to start/finish times/shift patterns * Staggered break times/use of staff break areas * Virtual handovers/staggered handovers * Staff to maintain social distancing in all areas * Staff made aware of need to go home if they develop symptoms whilst at work and advise site manager |  |
| Has workflow been reviewed to ensure number of patients entering the drive-through allows for recommended social distancing? | Y/N | * Patients to attend by appointment only * Staggered appointment times, on a rotational basis * Patients advised to attend appointments alone or with maximum of 1 person (unless eligible household members, in this case encourage all members to attend) |  |
| Are staff checking patient’s COVID-19 status? | Y/N | * Drive-through staff asking screening questions on arrival at drive-through site * Clinical staff asking screening questions prior to vaccination |  |
| 1. **Staff** | | | |
| Have staff been risk assessed before being assigned to work at the drive-through? | Y/N | * Risk assessment in place for each staff member * Additional precautions in place if needed * Consideration for BAME employees |  |
| Have staff roles been clearly assigned? | Y/N | * Admin support team * Drive-through site manager * Coordinators (runners) * Immunisers (practice nurses, HCAs, GPs) * Clinical support (supporting immunisers with cleaning of equipment in between patients) * Back up staff in case of absence/sickness |  |
| Are staff adequately trained? | Y/N | Are staff up to date /competent with:   * Annual immunisation update training? * Basic life support training (adult and paediatric) in line with Resuscitation Council guidance during COVID-19? * Anaphylaxis training? * If necessary, have staff signed appropriate PGD? * Will a prescriber be present on site, if necessary, to create a PSD? |  |
| Are staff identifiable? | Y/N | * All staff to wear work ID badge to make themselves identifiable to other staff and the public * Register of staff on site in case of fire/emergency/for contact tracing |  |
| 1. **Environment** | | | |
| Is the space adequate for a drive-through? | Y/N | * Is there space in the car park to allow for people attending late or early causing potential congestion at drive-through (consider overflow/ waiting area for drivers) * Is there enough space for other users of the practice building (e.g. staff, patients attending practice, deliveries, emergency services.) |  |
| Are signs in place asking about COVID-19 symptoms? | Y/N | * Signage displayed at entrance advising public with COVID-19 symptoms not to enter the site but to go home and what to do |  |
| Are signs in place to remind staff/public of recommended social distancing rule? | Y/N | * Recommended social distancing signage displayed throughout the site * Markings on floor with recommended spacing |  |
| Has safety of all staff been considered? | Y/N | * Barrier erected or signage to maintain recommended social distancing |  |
| Have weather conditions been considered? | Y/N | * Weather assessments done * Shelter/ gazebos in the event of rain |  |
| Are signs and directions in place for drivers? | Y/N | * Ensure one-way system around drive-through site * Clear signage to avoid confusion for drivers |  |
| Is the site secure? | Y/N | * Can confidential patient records and immunisations be stored securely? * Are any valuables stored securely? * Appropriate insurance in place for equipment such as laptops |  |
| 1. **Infection Control** | | | |
| Is Infection Control support available to staff? | Y/N | * If not currently available, networks to identify appropriate person/s to undertake the role of IP&C lead in CCG or Local Authority to support * Identify Champion to carry out regular hand hygiene audits/uniform/BBE checks/ensure social distancing, where appropriate * Ensure all staff aware of and have access to COVID-19 Plan/SOP |  |
| Are sufficient facilities provided to enable frequent/effective hand hygiene? | Y/N | * Access to sinks/soap/water/paper hand towels * Access to hand sanitizer throughout drive through for staff and public * Ensure hand sanitizer available at entry/exit to drive through * Staff made aware of need to include washing wrist to elbow in addition to hand hygiene * Staff aware of need to wash hands for minimum of 20 seconds |  |
| Appropriate mechanisms for disposal of clinical waste and sharps | Y/N | * Ensure provision of sharps bins and clinical waste bins |  |
| Staff uniforms | Y/N | * Staff aware of need to change at work where facilities are provided * Staff aware of need to transport uniform home in plastic NOT fabric bag * Staff aware of need to wash uniform on its own at 60° |  |
| If recommended social distancing cannot be maintained and direct patient care is essential is appropriate PPE available? | Y/N | * Please refer to most recent guidelines as this is subject to change * Staff made aware that masks should be changed when wet/affecting breathing/damaged/contaminated or following a session * Eye wear available if there is a risk of splashing & worn sessionally |  |
| Are cleaning products available to clean equipment between patients and frequently touched areas | Y/N | * Provision of Clinell Universal wipes (or another brand that will kill enveloped viruses) * Cleaning schedules in place, fully completed and monitored after every patient contact |  |
| 1. **Equipment** | | | |
| How will the cold chain be maintained? | Y/N | * Appropriate equipment for storing vaccinations * Monitoring of temperature of vaccine storage |  |
| Has all appropriate equipment required for the drive-through been identified and sourced? | Y/N | * Table and chairs * Clinical equipment (e.g. cotton wool balls, plasters, gauze) * Crash mats in the event of an anaphylactic reaction * Barrier or screen for privacy if required in the event of an emergency |  |
| Access to telephone | Y/N | * Access to charged/ in signal phone in case of need to call emergency services |  |
| Are vaccinations being recorded? | Y/N | * System to be agreed for recording vaccines given to patients * Ensure all arrangements are in line with information governance requirements |  |
| 1. **Anaphylaxis** | | | |
| Are anaphylaxis kits available, in date and accessible? | Y/N | * Time allowed for patients after vaccination? * Access to automated defibrillator * dedicated area identified on site for anaphylactic reactions * Blood glucose monitoring machine available ? * Blood pressure monitor available ? |  |
| 1. **Other locally identified risks (please complete)** | Y/N |  |  |

**Useful links:**

**Please note: guidance may be subject to change**

Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf>

COVID-19 Infection Prevention & Control

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Coronavirus guidance for clinicians and NHS managers

<https://www.england.nhs.uk/coronavirus/>

Green Book

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Flu programme letters

<https://www.england.nhs.uk/wp-content/uploads/2020/05/national-flu-immunisation-programme-2020-2021.pdf>

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907149/Letter_annualflu_2020_to_2021_update.pdf>

National programme resources

<https://www.gov.uk/government/collections/annual-flu-programme#2020-to-2021-flu-season>