

**GENERIC FRAMEWORK
FOR
MASS VACCINATION**

September 2006

FRAMEWORK FOR MASS VACCINATION

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FRAMEWORK FOR MASS IMMUNISATION FOR PANDEMIC FLU

BACKGROUND

The framework was developed following a simulated mass vaccination exercise hosted by Bolton PCT on behalf of all Greater Manchester PCTs in March 2006. The overall objective of the exercise was to :

1. Practice setting up and running a mass immunisation centre; and,
2. Test the logistics of mass immunisation.

PURPOSE OF THE FRAMEWORK

This framework is intended to :

- Guide Primary Care Trusts (PCTs) in identifying the plans or arrangements to be put in place when there is a requirement for mass vaccination to be issued on a large scale;
- Enable PCTs to develop a detailed plan for action to be annexed to their respective Major Incident Plans;
- Minimise the work required by each PCT in developing their own individual mass immunisation response; and,
- Ensure consistency of approach across Greater Manchester.

STRUCTURE

The framework has been structured into 4 core sections:

- Leadership and co-ordination including activation of the plan
- Setting up a vaccination centre and the associated logistical arrangements
- Delivering mass immunisation
- Communication

Each section highlights priority actions to be taken and details key issues for consideration in drawing up a detailed local plan for action. Where appropriate examples of resources used in the Bolton MassVacc Exercise have been included for local adaptation and use.

CONTEXT

In addition to using the framework, action plans should be developed in the wider policy context and emerging guidance:

- ❖ NHS Emergency Planning Guidance 1998 and 2005

- ❖ Planning for Major Incidents DoH 1999
- ❖ Emergency Planning in the NHS. Health services arrangements for dealing with major incidents DoH 2001
- ❖ Emergency Planning and response to major incidents DoH 2002
- ❖ Beyond a major incident DoH 2004
- ❖ Civil Contingencies Act 2004
- ❖ Smallpox Guidelines and Framework DoH 2005

ACKNOWLEDGEMENT

Thanks are extended to the efforts of the multi-agency MassVacc Planning Group for Bolton and to Caroline Jordan, Senior Nurse at Nottingham PCT, for sharing the experience and learning from the Grand Prix Mass Vaccination Exercise held in November 2005 in Nottingham.

SECTION 1: LEADERSHIP AND CO-ORDINATION

Action themes:

- a. **Activation of mass immunisation within each PCT**
- b. **Establish arrangements to scope the incident**
- c. **Establish arrangements to scope staff capacity**
- d. **Establish core implementation team**
- e. **Identify roles of core implementation team members**
- f. **Convene mass immunisation implementation meeting**

a. **Activation of mass immunisation**

Determine how to respond to local/regional/national/HPA guidance. In particular, define and agree what arrangements need to be in place to trigger, notification & activation for mass vaccination in advance of any incident acknowledging that:

- The request to organise mass immunisation will probably come from the DH/SHA
- Under certain circumstances, activation might come directly from a Consultant in Health Protection (Health Protection Unit), or regional / national HPA

b. **Arrangements to scope the incident**

In advance of an incident, establish arrangements to enable speedy access to public health intelligence and information to identify the size and location of the population to be treated and requirements dependent on the type of outbreak and guidance received. Identify:

- Potential at risk groups
- Availability and access to population disease registers
- The spread of the population

c. **Arrangements to scope staff capacity**

In advance of an incident, identify:

- Existing capacity – i.e. trained PCT employed staff and primary care contractor employed staff who could be released (clinical and admin) to support the implementation of mass immunisation
- Relevant staff groups dependent on the incident
- Options/feasibility to enhance capacity
- Nurses competent to vaccinate and other key skills and competencies

- ❑ Ability to contact staff out of hours
- ❑ Arrangements to re-deploy staff and flexibility to move staff to designated premises
- ❑ Scope staff language skills
- ❑ Workload prioritisation / business continuity arrangements
- ❑ Develop a local enhanced service agreement
- ❑ Vulnerable staff who may be excluded from exercise
- ❑ Contractual payment issues for GPs – funding to support and enable staff overtime
- ❑ Additional training needs and how these will be addressed
- ❑ Length of time response could be sustained
- ❑ Capacity for out of hours working
- ❑ Estimates for rota planning

d. Establish core implementation team

Identify key individuals and establish group to steer the development and implementation of the mass vaccination centre exercise. Core membership to include:

- ❑ DPH or Deputy (Chair)
- ❑ Name Chief Incident Officer
- ❑ HPA link person
- ❑ Health Equality Lead
- ❑ Operational Lead
- ❑ Vaccination Centre Lead
- ❑ Nursing Lead
- ❑ Administration Lead
- ❑ Infection Control Lead
- ❑ Communications Lead
- ❑ Interpreters Lead
- ❑ Paediatric lead
- ❑ Pharmacy Lead

Depending on the nature of the incident, relevant external agencies may also be represented as appropriate, including for example:

- ❑ Local Authority
- ❑ Police
- ❑ Schools and Colleges
- ❑ Voluntary Services
- ❑ Organisations with critical mass (Social Services, large manufacturing organisations)
- ❑ Organisations with an essential role e.g. emergency services

e. Identify and designate roles for the vaccination exercise

- ❑ Overall lead for the exercise
- ❑ Identification and provision of staff needed at implementation session

- ❑ Organisation of vaccines
- ❑ Organisation of supplies
- ❑ Facilities organiser
- ❑ Communication within the PCT
- ❑ Clinical advice
- ❑ Media Liaison
- ❑ Security
- ❑ General administrative support

Leads should be responsible for co-ordinating arrangements in relation to their designated area of responsibility in the exercise. This includes ensuring all staff involved in the roll-out and delivery of mass immunisation are fully briefed of their individual roles and responsibilities.

- ❑ Develop organisation structure for the exercise (Appendix A)
- ❑ Develop action cards for staff groups involved in the component parts of the exercise (Appendix B)
- ❑ Organise staff briefing sessions in advance of the exercise (Appendix C & D)

f. Mass immunisation implementation group meeting

The first meeting of the implementation group will activate the process, provide the background to the proposed action and ensure people are clear about their roles and responsibilities. Depending on the target population dates should be identified, staff allocated and appropriate venues agreed.

This meeting is also about identifying and clarifying resources, such as identifying all essential and non-essential issues.

Draft Agenda:

- ❑ Register of individuals present and contact details
- ❑ Background of current pandemic flu situation
 - Details of cases if appropriate
 - Scale of pandemic flu
 - Expected duration of the pandemic
 - Agencies already involved
 - Action taken to date
 - Action required by the PCT
 - Timeframe for action
 - Other relevant information
- ❑ Planning mass vaccination
 - Personnel required
 - Vaccines required
 - Available vaccines

Draft Agenda continued:

- Supplies and equipment
- Premises
- Informing the priority group (detailed methods need to be in plan already)
- Verification of priority group at immunisation session
- Written materials required – documentation, information leaflets etc (need to be in plan already)
- Transport arrangements should already be in plan
- Refreshments should already be in plan
- External support required from others
- Communication within the PCT and to external agencies
- Media management
- Business continuity

- Command and control

- Date and time of next meeting

SECTION 2: SETTING UP A VACCINATION CENTRE AND THE ASSOCIATED LOGISTICAL ARRANGEMENTS

Action themes:

- a. Premises for mass vaccination
- b. Equipment requirements: Non-clinical
- c. Equipment requirements: Clinical
- d. Supply of vaccine
- e. Storage and rapid access
- f. Infection control and decontamination
- g. Security
- h. Crowd control
- i. Transportation

a. Premises for mass vaccination

As part of the Trusts mass immunisation plan, a variety of appropriate settings should have been previously identified and agreed in advance and details i.e. address of site(s) should be in each PCT plan.

The Local Authority should be able to help with venues and consideration should be given to settings where there is already a critical mass e.g. Primary and secondary schools, higher education, local authority premises, factories or large organisations, NHS settings, care homes etc.

- Liaise with LA Emergency Planning leads to familiarise and survey premises are fit for purpose
- Identify what action is needed to bring them into use within designated time
- Determine provisional layout of mass vaccination centre (Appendix E illustrates layout used for the Bolton MassVacc exercise)
- Need to consider geography, access and population density
- Determine criteria for using PCT premises and identify suitable facilities based on criteria
- Determine criteria for using GP premises and action needed to bring them into use
- Explore potential to use other premises for special groups e.g. students

Special considerations to be taken into account:

- Venue(s) to comply with Health & Safety Guidance

- ❑ Storage space
- ❑ Access for emergency services (ambulance and fire)
- ❑ Disabled access
- ❑ Ample and accessible parking for clients and staff
- ❑ Throughput of clients (separate entrance / exit to immunisation area)
- ❑ Access to TV / Radio for media update
- ❑ Main Line Phone essential and additional phones if required
- ❑ Public PA system available
- ❑ Electrical supply for Laptops / Phone lines for Internet if available
- ❑ Good lighting
- ❑ Space (appropriate to size of immunisation session)
- ❑ Hand washing facilities
- ❑ Access to drinking water
- ❑ Heating / cooling facilities / ventilation must be adequate
- ❑ Rest / Recovery areas
- ❑ Tables / chairs/ screens/ crash mats
- ❑ Toilet facilities / disabled facilities
- ❑ Refreshment facilities / rest area for staff

b. Equipment Requirements: Non clinical

Identify non-clinical equipment requirements.

- ❑ Develop quick reference guide to the equipment, consumables needed to set up a centre:
 - tables & chairs, barriers for crowd control, screens for privacy and confidentiality, wheelchairs, signage, tabards (for all vaccination centre staff), water refreshments etc.
 - Dual telephone handsets for access to interpreter services e.g. NIS
 - Walkie-talkies (as many as possible) to enable effective communication throughout the vaccination session – develop clear protocol for use

c. Equipment requirements: Clinical

Ensure all necessary supplies of clinical equipment e.g. syringes, needles, sharps boxes, PPE (personal protective equipment) are accessible and available

Consider:

- ❑ Existing and required capacity, also consider arrangements to enhance capacity
- ❑ Quantify equipment required in units of what is required to vaccinate 1000 patients

- Ensure a robustness of suppliers' response
- Arrangements for infection control and clinical waste disposal
- Training issues relating to the correct usage of PPE
- Storage of equipment overnight
- Who needs/gets what equipment

d. Supply of vaccine

Set up system of supply, access and distribution. Consider:

- Options for obtaining vaccine supplies e.g. via DH logistics transport systems, Strategic Health Authority, Community Pharmacy Service, retail/whole sale route etc.
- Arrangements to be put in place to enhance supplies
- Arrangements with suppliers
- Establish where DH stockpiles of vaccine/anti-virals etc. are
- Designate point of receipt and distribution of vaccine/prophylaxis

e. Storage and rapid access

Put in place protocols for safe and secure storage of vaccine taking account of throughput not just total capacity

Consider:

- Where vaccine is stored including acute hospital pharmacy sites
- Fridge capacity including the continuing storage of other vaccines (business continuity) and optimum effective storage capacity of fridges
- Arrangements to be made to enhance capacity i.e. additional refrigeration e.g. at commercial refrigeration premises or refrigeration lorries and development of honorary contracts
- NB. No storage of vaccine at vaccination centres overnight
- Records required to ensure safe stock control
- Security arrangements

f. Infection control and decontamination

- Based on advice from HPA
- Risk assessment undertaken in accordance with standard clinical practice
- Arrange decontamination of equipment and any health premises used
 - Generic arrangements for decontaminating premises
 - PPE (personal protective equipment) and H&S considerations for cleaning staff

- Arrangements for daily clinical waste removal and disposal
- Advice for cleaning staff

g. Security

- Working with the LA and Police ensure all clinical supplies and equipment are secure, patient information is confidential and staff are not at risk
- Arrangements for emergency evacuation of premises
- Plans should include:
 - Risk assessment
 - Advice for Chief Incident Officer and Vaccination Centre Clinical Manager
- Consider police role / liaison – possible role for Police Specials & Neighbourhood Wardens?
- Consider need for contract for security

h. Crowd control

Crowd management is an essential part of the planning and running of a safe and efficient mass vaccination session. Need to work with the LA and Police to determine arrangements for managing throughput

- System to record how many people have entered the session – consider using cloak room tickets
- Cross matching of entry tickets with the vaccine numbers will enable you to forward plan for further vaccine deliveries
- It will also provide additional information regarding the optimum allocation of staff within the session
- Clients will also know that they are in a fair queuing system and are therefore more likely to be patient
- Ensure clients are continually reassured to keep them aware of what is happening
- Identify point for lost children

i. Transportation arrangements

Put in place arrangements for the safe transportation of vaccine and cold chain arrangements.

Consider:

- Number, location and size of cool boxes and gel packs
- Transportation of vaccine to vaccination centres – consider cold chain transport service via hospital
- Pursue honorary contracts with commercial refrigeration companies – with appropriate risk assessment

SECTION 3: DELIVERING MASS IMMUNISATION

Action themes:

- a. **Records**
- b. **Prioritisation of vaccinations**
- c. **Ensuring treatment is within regulations**
- d. **Vaccinating staff**
- e. **Contacting and treating special groups**

a. **Records**

Based on advice from HPA. Ensure adequate records are maintained.

Plan to include:

- Draft invitation letter to attend (Appendix F)
- Generic template for obtaining information from patient prior to vaccination (Appendix G)
- Recording consent (according to regional guidance) (Appendix H)
- Record of vaccination
- Arrangements for informing GP etc.
- Identify data collection, storage and maintenance arrangements
- Clinical governance implications

b. **Prioritisation of vaccinations**

Based on DH guidance, identifies priority groups – staff and population groups that require vaccination

Consider

- Specific information about the recommended prioritisation for each incident
- System for rapidly vaccinating high priority cohort
- Vaccinate the vaccination team members
- Liaising with LA for staff working in vaccination centres
- Identify groups that are contraindicated to receive vaccine unless have been in contact with a case

c. Ensuring treatment is within regulations

Based on national and regional guidance, prepare in advance PGDs, protocols, patient questionnaire which can be taken off the shelf and modified to suit the situation (Appendix I).

If vaccine not licensed, a patient specific direction will need to be developed.

d. Vaccinating Staff

Based on guidance from HPA. Plan should include:

- Identification of staff requiring early vaccination including those who will be vaccinating and vaccination team members
- Prioritisation of staff with direct patient care responsibilities, followed by staff essential to running of the organisation to allow business continuity
- Assess individuals and vaccinate where possible
- Redeploy vulnerable staff
- Consider consent issues for staff
- Consider role of Occupational Health in vaccinating staff

e. Contacting and treating special groups within the community

Identify groups needing special arrangements e.g. children, ethnic groups, non-mobile, homeless/travellers, prisoners, pregnant women, people in hospital, care home residents, prisons etc.

Plan to include:

- Identification of special groups in the locality and enhanced arrangements for contacting and treating them
- Arrangements to engage and work with those with expertise around groups with special needs e.g. community paediatricians, Social Services, Salvation Army Hostels, Voluntary Sector, Shelter, Churches etc.

SECTION 4: COMMUNICATION

Action themes:

- b. Local NHS Communications**
- c. External NHS, SHA or DH communications**
- d. Information for the public**
- e. Media Management**

Ensure that clear communication systems and structures are in place to ensure that accurate information is shared with all relevant stakeholders.

Advance planning in this regard is essential.

a. Local NHS communications

Ensure adequate communication within the PCT and primary care

Plan to include arrangements to :

- Inform PCT staff and independent contractor staff of requirement for mass vaccination
- Keep staff updated on progress (different requirements for staff directly involved and for other staff)
- Consider use of email, internet/intranet site, line management cascade briefings, fast-fax systems
- Consider pharmacists, local NHS Trusts, neighbouring PCTs and NHS Trusts and other partner agencies

b. External NHS SHA or DH communications

Ensure reporting systems in place back to SHA and DH

Plan to include arrangements to :

- Regular situation reports
- Copies of all communications going to staff, media or the public

c. Information for Public

Ensure supplies of any relevant national communications material.

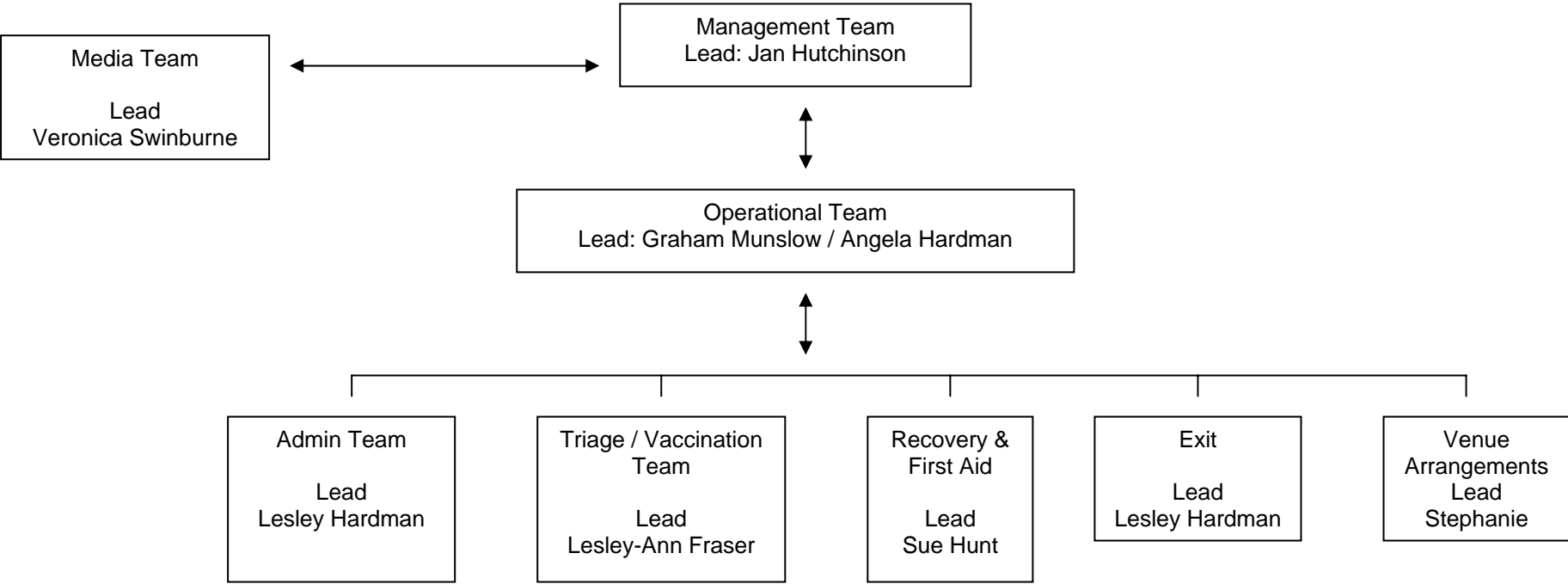
Plan to include arrangements to :

- Develop local information leaflets – where and when, who (priority categories), systems for calling up, the illness, the vaccine, follow up (side effects)
- Translate information where appropriate
- Update website
- Brief NHS Direct and PALS

d. Media Management

- Ensure local media receive relevant timely information
- Agree level of media access
- Maintain awareness of DH, HPA, SHA media comms and ensure consistency
- Maintain ability to respond to media queries
- Arrange media training for designated spokespeople

Exercise MassVacc
Draft Exercise Management Structure



TEAM ROLES & RESPONSIBILITIES

➤ Management Team

Lead: Jan Hutchinson

Members: Rosemary McCann, Ros Baxter, Wendy Pickard, Angela Hardman / Graham Munslow

Role:

- Provide leadership
- Oversee implementation
- Decision making in relation to major problems relating to the functioning of the exercise
- Provide media link / response

➤ Operational Team

Leads: Angela Hardman / Graham Munslow

Members: Lesley-Ann Fraser, Lesley Hardman, Sue Hunt, Phil Waring, Anthony Robinson, Paul Phoenix, Judith Chalenor, Shabir Abdul & Steve Corrigan

Role:

- Ensure efficient operation of component parts of the exercise
- Provide a rapid response to operational problems / hotspots as they arise
- Seek advice from management team as required
- Ensure safety of all operational staff
- Provide regular briefings to the management team

➤ Admin Team

Lead: Lesley Hardman

Role:

- Act as 'meeters and greeters' – the face of the exercise
- Pro-actively provide information
- Support individuals with form filling when requested
- Ensure exercise start time recorded on audit forms
- Allocate pen portraits
- 'Walk the queues' offering updates / information on progress of exercise
- Respond to any crowd bottlenecks
- Direct individuals to triage stations
- Direct individuals to vaccination stations
- Ensure exercise finish time recorded on audit forms

- Direct individuals to exit
- Ensure patient forms are left at exit
- Seek advice / assistance from Operational Team Lead as required
- Advise Operational Team Lead of any major problems / hotspots as they arise

➤ **Triage / Immunisation Team**

Lead: Lesley-Ann Fraser

Role:

- Ensure triage is managed in accordance with agreed protocol and training
- Ensure immunisations are administered in accordance with agreed protocol and training
- Ensure required audit data is appropriately recorded
- Ensure safe storage of vaccine
- Ensure clinical waste management in place
- Provide clinical support to Recovery and First Aid as required
- Seek advice / assistance from Operational Team Lead as required
- Advise Operational Team Lead of any major problems / hotspots as they arise

➤ **Recovery / First Aid**

Lead: Sue Hunt

Role:

- Ensure provision of Recovery and First Aid
- Ensure clinical waste management protocol in place
- Ensure required audit data is appropriately recorded
- Request clinical support from Triage / Immunisation Team Lead as required
- Seek advice / assistance from Operational Team Lead as required
- Advise Operational Team Lead of any major problems / hotspots as they arise

➤ **Exit**

Lead: Lesley Hardman

Role: See 'Admin Team' above for detail

➤ **Media Team**

Members: Veronica Swinburne, Alf Atkinson and Hugh Lamont

Role:

- Manage media enquiries

MASS VACCINATION ACTION CARD

ROLE: SUPPORT STAFF

ACTION POINTS

- Attend the briefing session
- Report to the shift leader
- Understand the floor plan
- Liase with Vaccinating nurses/GPs/Paed/First Aider
- Offer support to the person being vaccinated
- Ensure patients form orderly queues for next stage
- Assist in the transport of the patient to the recovery area
- Maintain the supply of vaccine, clinical materials to the vaccination stations
- Understand the communication signals to summon assistance (one arm raised indicates the need for supplies - two arms waving indicates an emergency)
- Attend the debriefing session
- Assist in the clearing up at the end of the session

PLEASE ADD ANY ADDITIONAL ACTIONS THAT YOU HAVE CARRIED OUT DURING THE DAY, WHICH HAVE NOT BEEN INCLUDING ON THIS ACTION CARD, ON THE BACK

MASS VACCINATION ACTION CARD

ROLE: CARETAKER

ACTION POINTS

- Attend the briefing session
- Report to the clinical lead
- Understand the floor plan
- Assist in the setting up of the work areas
- Maintain the supply of vaccine, clinical materials to the vaccination stations
- Remove clinical waste safely to the designated areas
- Understand the communication signals to summon assistance (one arm raised indicates the need for supplies - two arms waving indicates an emergency)
- Attend the debriefing session
- Assist in the clearing up at the end of the session

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MASS VACCINATION ACTION CARD

ROLE: ADVANCED PRACTITIONER

ACTION POINTS

- Attend the briefing session
- Read and understand the Patient Group Directive
- Report to Shift leader
- Understand the floor plan
- Provide clinical support to members of the vaccination team
- Manage adverse reactions to vaccination
- Document any care/advice given on the individual patient using the pandemic flu vaccination form
- Assess patients suitability for vaccination if found to be unwell
- Assess patients with complex medical histories and / or on poly-pharmacy for suitability for vaccination
- If patient found to have clinical features of influenza refer to the Doctor for assessment / treatment
- Understand the communication signals to summon assistance (one arm raised indicates the need for supplies - two arms waving indicates an emergency)
- Attend the debriefing session
- Assist in the clearing up after the session

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MASS VACCINATION ACTION CARD

ROLE: TEAM LEADER

ACTION POINTS

- Attend the briefing session
- Read and understand the Patient Group Directive
- Report to the Shift Leader
- Understand the floor plan
- Liaise with other team leaders at the beginning and end of shift
- Ensure the clinical areas have been set up
- Allocate the nursing teams
- Brief shift staff on their role, responsibilities and shift changes
- Ensure that the information packs are available
- Liaise with exercise leads: Clinical/administration
- Supervise the clinical area
- Trouble shoot / problem solve
- Understand the communication signals to summon assistance (one arm raised indicates need for supplies - two arms waving indicates an emergency)
- Debrief staff at the end of the shift - take notes
- Assist in the clearing up at the end of the session

PLEASE ADD ANY ADDITIONAL ACTIONS THAT YOU HAVE CARRIED OUT DURING THE DAY, WHICH HAVE NOT BEEN INCLUDING ON THIS ACTION CARD, ON THE BACK

MASS VACCINATION ACTION CARD

ROLE: DOCTOR

ACTION POINTS

- Attend the briefing session
- Read and understand the Patient Group Directive
- Report to the shift leader
- Understand the floor plan
- Liase with other clinical leads
- Provide clinical support to members of the vaccination team
- Respond/advise in medical emergencies e.g. adverse reactions
- Assess patients suitability for vaccination if found to be unwell
- Assess patients with complex medical histories and / or on poly-pharmacy for suitability for vaccination
- Assess & treat patients found to have clinical features of influenza with anti-viral drugs if appropriate
- Document any care/advice given on the individual patient using the patient vaccination form
- Understand the communication signals to summon assistance (one arm raised indicates the need for supplies - two arms waving indicates an emergency)
- Attend the debriefing session
- Assist in the clearing up after the session

PLEASE ADD ANY ADDITIONAL ACTIONS THAT YOU HAVE CARRIED OUT DURING THAT DAY, WHICH HAVE NOT BEEN INCLUDED ON THIS ACTION CARD, ON THE BACK

MASS VACCINATION ACTION CARD

ROLE: HEALTHCARE SUPPORT STAFF

ACTION POINTS

- Attend the briefing session
- Read and understand the Patient Group Directive
- Report to the shift leader
- Understand the floor plan
- Liase with the vaccinating nurses / GP / Paeds / first aider / HCA Admin
- May be required to assist in the 'drawing up' of checked vaccine
- Offer support to the person being vaccinated
- Assist in transport of patient to the recovery or first aid stations
- Understand the communication signals to summon assistance (one arm raised indicates the need for supplies - two arms waving indicates and emergency)
- Attend the debriefing session
- Assist in the clearing up at the end of the session

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MASS VACCINATION ACTION CARD

ROLE: RECOVERY / FIRST AIDER

ACTION POINTS

- Attend the briefing session
- Read and understand the Patient Group Directive
- Report to the shift leader
- Understand the floor plan
- Ensure the first aid area is set up (mats on the floor / blankets available / water / resuscitation equipment and pack / wheelchair / vomit bowls/stretchers/stethoscope/plastic aprons/gloves/hygienic hand rub/sphygmomanometer)
- Assess and treat appropriately patients requiring first aid
- Document any care/advice given on the individual patient using the pandemic flu vaccination form
- Understand the communication signals to summon assistance (one arm raised indicates the need for supplies - two arms waving indicates an emergency)
- Attend the debriefing session
- Assist in the clearing up at the end of the session

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MASS VACCINATION ACTION CARD

ROLE: TRIAGE NURSE

ACTION POINTS

- Attend the briefing session
- Read and understand the Patient Group Directive
- Report to the shift leader
- Understand the floor plan
- Clarify whether or not the patient needs to be referred to complex triage using the patients completed form / PGD exclusion criteria / or any additional information volunteered by the patient
- Ensure written consent is obtained prior to directing to vaccination station
- Direct the patient to either complex triage or vaccination station
- Remain at workstation until relieved
- Understand the communication signals to summon assistance (one arm raised indicates the need for supplies - two arms waving indicates an emergency)
- Attend the debriefing session
- Assist in the clearing up at the end of the session

PLEASE ADD ANY ADDITIONAL ACTIONS THAT YOU HAVE CARRIED OUT DURING THE DAY, WHICH HAVE NOT BEEN INCLUDING ON THIS ACTION CARD, ON THE BACK

MASS VACCINATION ACTION CARD

ROLE: VACCINATING NURSE

ACTION POINTS

- Attend the briefing session
- Report to the shift leader
- Understand the floor plan
- Check that the work area has been set up
- Prepare vaccination for administering to patient
- Carry out the vaccination procedure
- Ensure safe disposal of used equipment
- Maintain professional accountability including the checking of vaccine
- Complete documentation
- Direct patient to exit or recovery
- Remain at workstation until relieved
- Understand the communication signals to summon assistance (one arm raised indicates the need for supplies - two arms waving indicates an emergency)
- Attend the debriefing session
- Assist in the clearing up at the end of the session

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MASS VACCINATION ACTION CARD

ROLE: PUBLIC HEALTH STAFF

ACTION POINTS

- Enable and authorise the use of PCT resources and staff for mass vaccination purposes
- Public health advice - provision of advice regarding public health questions
- Work with local Communications Leads in responding to media questions and providing interviews
- Provide advice to public and NHS staff about pandemic flu
- Work closely with HPA to gain advice
- Ensure appropriate infection control measures are in place during immunisation process
- Provide feedback regarding strategic public health issues at the debrief

PLEASE ADD ANY ADDITIONAL ACTIONS THAT YOU HAVE CARRIED OUT DURING THE DAY, WHICH HAVE NOT BEEN INCLUDED ON THIS ACTION CARD, ON THE BACK

MASS VACCINATION ACTION CARD

ROLE: ADMIN STAFF/MEET & GREET

ACTION POINTS

- Attend the briefing session
 - Report to the team leader
 - Understand the floor plan
 - Welcome/greet in the foyer
 - Perform reception duties - obtain signature, hand out Programme
 - Direct to refreshments
 - Collect and collate paperwork at the end of the process
 - Help with any queries
 - Direct patients back to entrance of procedure
 - Remove completed forms to designated storage area
 - To be available to help out in other areas as required
 - Understand the communication signals to summon assistance (one arm raised indicates the need for supplies - two arms waving indicates an emergency)
 - Attend the debriefing session
 - Assist in the clearing up at the end of the session
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PLEASE ADD ANY ADDITIONAL ACTIONS THAT YOU HAVE CARRIED OUT DURING THE DAY, WHICH HAVE NOT BEEN INCLUDED ON THIS ACTION CARD, ON THE BACK

Exercise MassVacc – 29 March 2006

Admin/Support Staff Briefing Session
27 March 2006 2.00pm – 3.00pm

(Tea and coffee on arrival)

Handouts - Admin Pack

Aims and objectives sheet, floor map, action card, programme, health and safety sheet

1. Welcome and introductions
2. Acknowledgement and thanks for volunteering
3. Overview of the day
4. Importance of this role
5. The venue – times of arrival, housekeeping, health and safety
6. Contents of the pack – discuss
7. Question time

Exercise MassVacc – 29 March 2006

Immuniser Training Days 13th and 16th March 2006

(Tea and coffee on arrival)

Handouts – Clinical Pack

Aims and objectives sheet, floor map, action cards, programme, PGD, patient information leaflet, consent form

9.30 – 10.00

Graham Munslow

Aims / Purpose of the Exercise

10.00 – 10.30

Helen Clarke

Legal aspects, consent and PGD's

10.30 – 10.45

Veronica Latham

Anaphylaxis

10.45 – 11.00

Anthony Robinson

Cold Chain

11.00 – 11.15

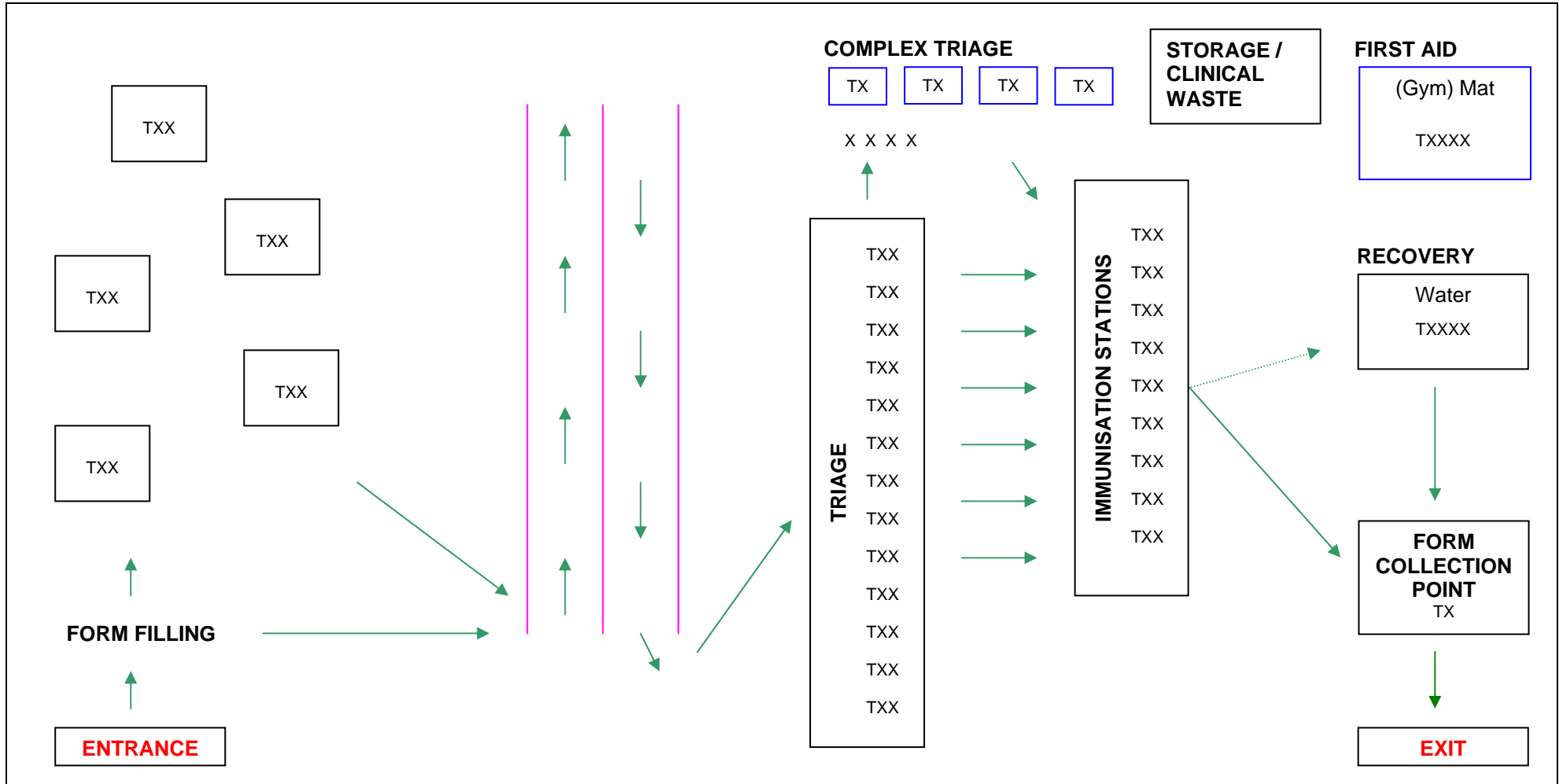
Tea / Coffee Break

11.15 – 12.00

Helen Clarke

Organisation / rotas of immunisers

**Bolton PCT
MassVacc Exercise: Floor Layout**



SYMBOLS

- Barriers for crowd control
- Screened Area
- Table T
- Chair X
- Patient flow →

Example Invitation Letter

Pandemic flu vaccine – your appointment

Dear Householder or named individual,

If you have difficulty reading this letter please telephone _____. If English is not your first language please read the translations on the back of this page.

Pandemic flu vaccine is now being offered to everyone in the UK. Bolton Primary Care Trust has set up vaccination sessions for all residents at venues across the Borough over the next two weeks.

Please attend the following session:

Venue	Date	Time
Bolton arena	24 th January 2007	10.00 – 11.00

It is important that you attend this session. If you are unable to attend, you will need to go to one of the later sessions listed overleaf.

This is a new vaccine, which protects against the pandemic strain of influenza, which circulated last year. An information sheet about the vaccine is attached. Please read this carefully. People with the following medical conditions cannot have the vaccine, as it would cause complications:

- Previous severe allergic reaction to a flu vaccine
- Previous severe allergic reaction to egg products

You must not attend for vaccination if you have one of these conditions.

If you are unsure whether you should attend or not please phone the help line.

What you need to do now

- Attend the vaccination session allocated to you
- Read the leaflet about the vaccine carefully.
- Bring identification with you e.g. NHS card; passport or drivers licence
- Bring a list of your medications with you
- The vaccine will be given in your upper arm. Please wear suitable clothing
- Read the information sheet about transport to the venue; facilities at the venue and what to bring with you
- Be prepared to wait at least one hour at the vaccination session
- Read the information leaflet " what to expect at the vaccination centre"

A 24-hour help line is available to provide you with further information. The telephone number is _____. Please be patient when you contact this number.

Yours sincerely

Patient Information Leaflet

Pandemic Influenza Vaccine

How does this vaccine work?

Your body starts making antibodies to the vaccine virus about a week to ten days after the injection. The antibodies help protect you against the pandemic flu virus which has recently been circulating.

Will it stop me from getting ill?

The Pandemic influenza vaccine will protect you against pandemic influenza; it will not protect you from other illnesses. However, because of the seriousness of pandemic influenza it is strongly recommended that you have the vaccine.

Can the Pandemic Influenza vaccine actually cause pandemic influenza?

No, the vaccine does not contain any live virus so it cannot cause pandemic influenza. Some people may experience mild flu-like symptoms for up to 48 hours after immunisation as their immune system responds to the vaccine but this is not flu.

Will there be any side effects?

Some side effects should be expected. Some people get a slight temperature and aching muscles for up to two days after the injection, and your arm may feel a bit sore where you were injected. Any other reactions are very rare.

How effective is the vaccine?

No vaccine is 100% effective; however, most people who are vaccinated will not get pandemic influenza. In the elderly and those with problems with their immune systems, protection may be less but the vaccine has been shown to reduce pneumonia, hospital admissions and deaths. If you do catch pandemic influenza, however, it is likely to be milder than if you had not been vaccinated.

How long will the vaccine protect me?

The vaccine will offer you protection for the duration of the current pandemic influenza outbreak.

Can everyone have the vaccination?

There are very few people who cannot have the vaccination. If you have a very serious allergy to hens' eggs or other component of the vaccine, you should not have the vaccine. Such serious reactions are very rare in the general population. If you are unsure about this, please ask your doctor/nurse for advice.

Can I have the vaccine if I am pregnant?

Yes. There is no evidence of risk from vaccinating pregnant or breastfeeding women. The benefits of vaccinations far outweigh the risks.

Will you tell my GP that I have received the vaccine?

Yes. The vaccine centre staff will send the information to your GP.

Where can I get further information?

Further information is available from the following organisations:

www.hpa.org.uk

www.dh.gov.uk

www.bolton.nhs.uk

www.bolton.gov.uk

NHS Direct – Tel 08454647

PANDEMIC FLU VACCINATION

Patients Name (Print) _____

Address (Print) _____

Post Code: _____ Tel: _____

Date of Birth: (__ __ / __ __ / __ __) G.P:

Do you have allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you feel unwell, have a temperature or an infection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you allergic to either egg or chicken?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had a reaction to a previous flu jab?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you allergic to any of the following antibiotics? Neomycin, polymyxin, & gentamicin	Yes <input type="checkbox"/> No <input type="checkbox"/>

Patients Signature;

Injection Batch No; _____ Expiry Date; (__ __ / __ __ / __ __)

Referred (Reason)

Nurse Sign; Date (__ __ / __ __ / __ __)

Given in Deltoid Left Right

PRIMARY AND COMMUNITY NURSING SERVICES

PATIENT GROUP DIRECTION (PGD) FOR

INFLUENZA VACCINE FOR USE IN A PANDEMIC

POM

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Condition	
Indication	Prophylaxis of influenza in individuals aged six months of age or older as indicated by the Department of Health
Inclusion criteria	<ul style="list-style-type: none"> • Current Department of Health recommendations are for immunisation of all patients from the age of six months upwards
Exclusion criteria	<ul style="list-style-type: none"> • Delay the use of the vaccine in any significant febrile illness or other active infection • Hypersensitivity to the active substances or to any of the excipients-see Summary of Product Characteristics. • Children under six months of age • Pregnancy
Action if patient declines or is excluded	Refer to medical practitioner and document in patient's health record.

PRIMARY AND COMMUNITY NURSING SERVICES
PATIENT GROUP DIRECTION (PGD) FOR

INFLUENZA VACCINE FOR USE IN A PANDEMIC

POM

Drug Details			
Name, form & strength of medicine	The following vaccines are available:		
	Supplier	Name of product	Vaccine type
	Sanofi Pasteur MSD	Inactivated influenza vaccine	Split virion
	Sanofi Pasteur MSD	Inactivated influenza vaccine for paediatric use	Split virion
	Sanofi Pasteur	Inflexal V	Surface antigen
	Chiron Vaccines	Generic brand	Split virion
	Chiron vaccines	Enzira	Split virion
	GlaxoSmithKline	Fluarix	Split virion
	MASTA	MASTAFLU	Surface antigen
	Solvay Healthcare	Influvac	Surface antigen, inactivated, sub-unit
		Invivac	Surface antigen, inactivated, virosome
	Wyeth Vaccines	Begrivac	Split virion
Route/Method	Intramuscular Injection (preferably to the anterolateral aspect of thigh or upper arm).		
Dosage	0.5ml prefilled syringe Children, adolescents and adults aged six months upwards one injection		
Side effects	<p>The following reactions are most common:</p> <p>Local reaction-redness, swelling, pain, ecchymosis, induration</p> <p>Systemic reactions: fever, malaise, shivering, fatigue, headache, sweating, myalgia, arthralgia</p> <p>These reactions usually disappear within 1-2 days without treatment.</p> <p>Please refer to SPC for full details.</p> <p>Use the Yellow Card System to report adverse drug reactions directly to the CSM. Yellow Cards and guidance on its use are available at the back of the BNF.</p>		
Advice to patient/carers	Patients to be advised re. Common side-effects and to report severe reactions to their GP/medical practitioner.		

PRIMARY AND COMMUNITY NURSING SERVICES

PATIENT GROUP DIRECTION (PGD) FOR

INFLUENZA VACCINE FOR USE IN A PANDEMIC	POM
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Follow up	Relevant immunisation details to be passed to the appropriate GP for information. A copy for PCT records must be kept for later input on to the Lorenzo system. (adults) or Child Health (up to 18 years of age).

PRIMARY AND COMMUNITY NURSING SERVICES

PATIENT GROUP DIRECTION (PGD) FOR

INFLUENZA VACCINE FOR USE IN A PANDEMIC

POM

Staff Characteristics	
Qualifications	Registered professional nurse with a current nursing registration
Specialist competencies or qualifications	<ul style="list-style-type: none"> Has undertaken appropriate training to carry out clinical assessment of patient leading to decision that requires treatment according to the indications listed in this PGD Has undertaken appropriate training for working under PGDs for the supply and administration of medicines Has undertaken training appropriate to this PGD
Continuing training & education	The practitioner should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development.

Referral Arrangements and Audit Trail	
Records/audit trail	<ul style="list-style-type: none"> Patient's name, address, date of birth and consent given Contact details of GP (if registered) Dose and form administered and batch number of vaccine Advice given to patient (including side effects) Signature/name of staff who administered or supplied the medication Details of any adverse drug reaction and actions taken including documentation in the patient's medical record Referral arrangements (including self-care)

References/Resources and comments	<p>Notes: SPC – Summary of Product Characteristics BNF – British National Formulary WWW.HPA.org.uk</p> <p>DoH 'Immunisation against Infectious Disease' available at www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en</p>
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PRIMARY AND COMMUNITY NURSING SERVICES
PATIENT GROUP DIRECTION (PGD) FOR

INFLUENZA VACCINE FOR USE IN A PANDEMIC	POM
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This patient group direction must be agreed to and signed by all health care professionals involved in its use. The NHS Trust should hold the original signed copy. The PGD must be easily accessible in the clinical setting

Organisation	<p>Bolton Primary Care Trust St Peter's House Silverwell St Bolton BL1 1PP</p>
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Authorisation

Lead Doctor	<p>Name: Dr Pat Scampion Position: Medical Director</p> <p>Signature: _____ Date: _____</p>
Lead Nurse/Allied Health Professional	<p>Name: Helen Clarke Position: Assistant Director of Nursing</p> <p>Signature: _____ Date: _____</p>
Lead Pharmacist	<p>Name: Andrew White Position: Clinical Effectiveness Pharmacist</p> <p>Signature: _____ Date: _____</p>
Clinical Governance Lead	<p>Name: Helen McKnight Position: Director of Clinical Governance</p> <p>Signature: _____ Date: _____</p>

Patient Group Direction Peer Reviewed by

Name	Position	Date
Graham Munslow	Communicable Diseases Nurse	Feb 06

