

Infection Prevention Control Guidance for Adult COVID-19 vaccination clinics

As COVID-19 vaccination clinics commence the safety of all staff delivering the vaccines and the individuals requiring a vaccine is paramount. There is considerable pressure to ensure the safe and prompt delivery of this year's COVID-19 vaccine campaign in the context of the ongoing COVID-19 pandemic.

The following guidance modelled on *COVID-19: infection prevention* and control guidance" (April 2020) PHE PPE Tables 1- 4 (https://www.publichealth.hscni.net/sites/default/files/2020-10/COVID-19_Infection_prevention_and_control_guidance_complete.%203.2%20%2818_06_2020%29.pdf) has been developed in recognition that not all COVID-19 vaccination clinics will be operated, managed and delivered in the same way due to the differences in premises and person's needs. This inevitably requires a risk based approach.

Therefore service providers/practitioners in GP Practices, Community Pharmacists and other outpatient/Care Home settings providing vaccination/injection clinics should:-

- Risk assess each COVID-19 clinic/administration environment to ensure they are COVID secure;
 - Use of face mask (clinical & care staff) and a face covering must be worn by all individuals attending for vaccination.
 - Effective hand hygiene must be undertaken between each patient.
 - PPE should be risk assessed for the potential exposure to blood or body fluids and/or risk of any patients reporting symptoms
 - Ensure enhanced environmental cleaning is carried out
 - Where possible, good ventilation should be maintained
- Appointment letters should provide advice on how to prepare for their appointment including ensuring individuals and those accompanying individuals wear a face covering and wear short sleeves where possible to allow the administration of the vaccination.
- All COVID-19 vaccine providers should consider the need for booking timeslots and include strategies such as asking individuals to wait to be called to the waiting/vaccination area with minimum wait times and ensure social distancing is facilitated in any waiting areas.
- All communications in relation to COVID-19 vaccination clinics should advise all individuals not to attend if they have symptoms of Covid-19 and/or they suspect they have been in contact with someone who has COVID-19 prior to their appointment.



- Invite letters should advise individuals of parking, entrances including one way systems and infection prevention and control precautions
- Individuals should be instructed to remain in waiting areas and not visit other parts of the facility
- Prior to admission to the waiting area all individuals and accompanying persons should be screened for COVID-19 symptoms and assessed for exposure to contacts
- Social distancing should be in place for all vaccinator stations and patients/clients who remain in the clinic for 15minutes post vaccination should be socially distanced; areas should be prepared in advance of any clinics to ensure this is achieved

In all settings staff administering vaccinations/injections should apply the highest standard of hand hygiene between each individual being vaccinated and wear a sessional fluid shield facemask. On a risk assessed basis use singles-use gloves, aprons and sessional eye protection.

A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment providing ongoing care for an individual. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and should include consideration of the risk of infection to and from individuals, patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.

Gloves and aprons are always recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin.

The need for single or reusable face/eye protection/full face visor or goggles should also be risk assessed when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids (for example an individual who does not have a fever or other COVID-19 symptoms but reports having a chronic cough).

Staff administering vaccines should always take in to account additional considerations and carry out a careful risk assessment of their individual practice and surroundings and the individual circumstance and surroundings of the person and hence their PPE requirements, especially where there is sustained transmission of COVID-19.



When undertaking a risk assessment for vaccine administration, healthcare workers should take into account factors such as the prevalence of COVID-19 infection in their locality, the health status of the person being vaccinated, the route of administration, model of delivery and any relevant environmental factors.

Consideration of these factors will help the vaccinator understand the likely risk of exposure to blood, body fluids and respiratory droplets, which in turn will inform the need for any additional PPE.

If further help is needed, vaccinators should consult with their infection prevention and control team.

Remember:

- 1. Ensure a COVID-19 secure environment.
- 2. Strict adherence to hand hygiene between all recipients of the vaccine.
- 3. All staff should wear a fluid shield mask and all individuals attending the COVID-19 clinics should wear a face covering.
- 4. On a risk assessed basis, wear single use gloves, an apron and eye protection if there is a risk of contact with blood and bodily fluids.

People should be advised not attend the clinic if they have been unwell, have COVID-19 symptoms or have been in contact with someone who has COVID-19 symptoms. People self-isolating should not come to the COVID-19 clinics. People should of course be recalled for their COVID-19 vaccination when it is safe to do so.