Seasonal Influenza Vaccination Programme

Supportive Document for HSE Vaccinators

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Revision date	Sept 2023	Responsibility for Implementation	All staff involved in Seasonal Influenza Vaccination Programme

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1.0 Statement

The Health Service Executive (HSE) provides seasonal influenza vaccine to vaccine recipients including healthcare Workers (HCWs) to protect themselves and all patients in their care from influenza infection.

2.0 Purpose

The seasonal influenza vaccination programme is developed in accordance with guidance issued by the National Immunisation Advisory Committee (NIAC) of the Royal College of Physicians of Ireland (RCPI) and contained in the Immunisation Guidelines for Ireland, available at https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/

This guidance document for the Seasonal Influenza Vaccination Programme (SIVP) have been prepared to inform relevant HSE staff in relation to the procedures to be followed during the SIVP The programme aims to vaccinate vaccine recipients including health care workers each year with seasonal influenza vaccine and to facilitate and improve HSE recommended influenza vaccination uptake.

The purpose of this document is to provide guidance for best practice for influenza vaccination for all vaccine recipients including HCWs carried out by vaccinators, Registered Nurses and Midwives or Registered Medical Practitioners (RMPs).

3.0 Scope

This guidance applies to all vaccinators, Registered Nurses (RNs), Registered Midwives (RNs) and Registered Medical Practitioners (RMPs) providing influenza vaccination to vaccine recipients including HCWs.

4.0 Roles & Responsibilities:

The influenza lead will convene a multidisciplinary team who will coordinate the implementation of the programme. This team will include occupational health, service managers, Directors of Nursing/Midwifery/Public Health Nursing, infection prevention and control (IPC), health promotion and other key stakeholders.

Service Management of the acute hospital, long term care facility or other unit with the assistance of the Director of Nursing/Midwifery/Public Health Nursing of the unit:

- Identifies suitable staff to become vaccinators
- Ensures vaccinators have completed Basic Life Support for Healthcare Providers course within the last 2 years and initial National Anaphylaxis Education Programme for Healthcare Professionals and that retraining is provided in accordance with best practice i.e. every 2 years
- Ensures vaccinators have completed an approved SIVP education programme, i.e. NIO/ONMSD online programmes, available at https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/
- Ensures vaccinators are familiar with relevant immunisation documents including medicine protocols, available at www.immunisation.ie .
- The medicine protocols to deliver SIVP by HSE vaccinators, available at https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/
- NIAC (2022) Guidance on Anaphylaxis: Immediate Management in the Community
- Summary of Product Characteristics (SmPC) for the influenza vaccine used in the HSE influenza vaccination programme available at www.hpra.ie
- Ensures suitable location and equipment is available for vaccination clinics.
- Carries out a documented sharp risk assessment as per the HSE Policy on the Management of Sharps and Prevention of Sharp Injuries 2020.

Occupational Health Service:

- Local influenza steering groups, within hospital groups and Community Hospital Organisations (CHOs)s should have Occupational Health (OH) representation with an identified OH Flu lead
- OH should work with the local healthcare facility flu leads to arrange a local escalation pathway, including criteria for referral to OH, for those unsuitable to get vaccinated in a peer vaccination setting.
- The local healthcare facility clinical governance team need to outline the escalating process for HCWs or other vaccine recipients who may need vaccination in an appropriate clinical setting, as it may not be appropriate for them to be vaccinated within OH, due to history of anaphylaxis etc.

HSE Registered Nurse/Midwife Vaccinators (RNs/RMs):

- Must be familiar with and adhere to the following medicine protocols:
- Medicine Protocol for the Administration of Influvac Tetra to adult vaccine recipients including nurses, midwives, healthcare workers, contract workers and volunteers by registered nurses and registered midwives

- Medicine Protocol for the Administration of Quadrivalent Influenza Vaccine (Split Virion, inactivated) to adult vaccine recipients including nurses, midwives, healthcare workers, contract workers and volunteers by registered nurses and registered midwives

The registered nurse or registered midwife must have completed all of the following:

- Be a Registered Nurse or Registered Midwife, on the active register maintained by the NMBI
- Education programme for registered nurses and registered midwives on the *Seasonal Influenza Vaccination Programme: Education Programme for Nurses and Midwives* and any updates for nurses and midwives accessible on www.HSELanD.ie
- An approved *Basic Life Support for Health Care Providers Course* within the last two years (i.e. Irish Heart Foundation (IHF))
- Initial *National Anaphylaxis Education Programme for Health Care Professionals* accessible on www.HSELanD.ie followed by a two hour classroom based skills workshop. Recertification is required every two years by completing the on-line *National Anaphylaxis Education Programme for Health Care Professionals* accessible on www.HSELanD.ie
- Self-Assessment of Competency Form available at www.immunisation.ie
- COVAX online programme available at: https://www.hse.ie/eng/health/immunisation/hcpinfo/hsecovid19vms.html

Recommended:

- *Immunisation Foundation Programme*, available at www.hseland.ie
- *The Flu Vaccine – It's a Lifesaver*, available at www.hseland.ie
- *Quadrivalent Influenza Vaccine (QIV), available at www.hseland.ie*
- Ensure they are familiar with and adhere to:
    - Immunisation Guidelines for Ireland https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/
    - Summary of Product Characteristics (SmPC) for the influenza vaccine used in the HSE influenza vaccination programme available at www.hpra.ie
    - HSE Policy on the Management of Sharps and Prevention of Sharp Injuries 2020
- Ensure they carry out a dynamic risk assessment (undocumented) prior to each procedure
- Ensure that:
    - All the equipment necessary for the administration of the vaccines is in compliance with best practice.
    - Appropriate drugs and equipment are available for the management of anaphylaxis

- All documentation is available

- Ensures that adverse events are notified to the Health Product Regulatory Authority (HPRA) See Section 12.

5.0 Medicine Protocol

5.1 The Nursing and Midwifery Board of Ireland defines medicine protocols as "written directions that allow for the supply and administration of a named medicinal product by a nurse or midwife in identified clinical situations. A medicine protocol involves the authorisation of the nurse/midwife to supply and administer a medicine to groups of patients in a defined situation meeting specific criteria and who may not be individually identified before presentation for treatment. An individually named prescription is not required for the supply and administration of medicine when a medicine protocol is in effect" (An Bord Altranais, 2007).

Medicine protocols for the administration of the seasonal influenza vaccine by registered nurses and midwives employed in the voluntary and statutory services of the HSE, to vaccine recipients including HCWs are developed by the Office of the Nursing and Midwifery Services Director (ONMSD) in collaboration with the NIO.

5.2 All HSE RNs/RMs vaccinators must read and sign the medicine protocols prior to administering the seasonal influenza vaccine.

5.3 RNs and RMs working under medicine protocol will be accountable for their own clinical practice and should be familiar with and adhere to the practices as set out in this guidance document.

5.4 The medicine protocols are updated annually by the ONMSD in collaboration with the NIO.

6.0 Planning a Vaccination Clinic

6.1 Vaccination Clinics should be run by

- A Registered Medical Practitioner (RMP) **(or)**
- A RMP with a Vaccinator **(or)**
- Two or more RNs/RMs who have been trained as vaccinators

6.2 Clinic location must be in an appropriately ventilated room, preferably at ground level, with a minimum of 2 chairs and a table, preferably a couch and sufficient space for clinic equipment.

6.3 Ensure IPC requirements are in place, including Personal Protective Equipment (PPE) is available in line with 'Infection Prevention and Control Precautions for COVID-19 https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/

6.4 Vaccinators must allow time for clinic set-up and clean-up.

6.5 The room must allow for privacy to respect the dignity of the vaccine recipient.

6.6 There must be sufficient waiting space to maintain the recommended social distance to allow for vaccine recipient to consent on the COVAX system or read and sign the consent form and wait in the area for 15 minutes as required following vaccination.

6.7 Seasonal influenza vaccine must be ordered in advance of the clinic and stored in accordance with the National Cold Chain requirements (See Sections 14, 15 and 16).

6.8 Vaccine recipients must be informed of the clinic dates, times and location in advance in order to arrange attendance booking via SwiftQueue where possible to manage appointments.

6.9 Clinic equipment should be prepared in advance – see Appendix I for checklist.

7.0 Running a Vaccination Clinic

7.1 Set-up clinic – refer to Appendix II: Check Sheet at Clinic Location.

7.2 A designated person should take responsibility for ensuring that all equipment necessary for the administration of the vaccines is in compliance with best practice.

7.3 A designated person should ensure that sufficient seasonal influenza vaccine is brought to each vaccination session, the vaccines are in date and stored and maintained within cold chain conditions (see Sections 14, 15 and 16).

7.4 A designated person should take responsibility for bringing the anaphylaxis kit to the vaccination session and for ensuring that all necessary equipment and drugs are available and in date.

7.5 After carrying out the final vaccination, close up clinic – refer to Appendix II: Check Sheet at Clinic Location.

8.0 Vaccine Administration

Prior to administration of the vaccine the vaccinator must adhere to the following:

8.1 Follow the IPC standard precautions at all times i.e. hand hygiene, face mask.

8.2 Verify the vaccine recipient's name, date of birth and ensure that informed consent for vaccination has been obtained using COVAX. If you do not have access to the COVAX, a paper consent form should be used and the details should be entered retrospectively.

8.3 Assess vaccine recipent's suitability for immunisation on the day. Vaccination should be deferred if the vaccine recipient has an acute febrile illness.

8.4 Outline the process of vaccination to the vaccine recipient.

8.5 The vaccinator must perform hand hygiene as per "WHO 5 moments of hand hygiene" before and after each vaccine administration.

8.6 The skin does not require cleansing before the vaccine is administered unless visibly dirty. In this instance the skin can be cleaned with soap and water. If an alcohol wipe is used the skin should be allowed to dry before the vaccine is administered.

8.7 Gloves are not normally required when administering intramuscular injections. However, if the vaccine recipient's skin or the vaccinator's skin is not intact gloves should be worn. Perform hand hygiene after removal of gloves if these are worn.

8.8 Check the name and expiry date of each vaccine to ensure that it is the correct vaccine.

8.9 Ensure that the vaccine colour and composition is in accordance with the SmPC for the vaccine - if not discard the vaccine.

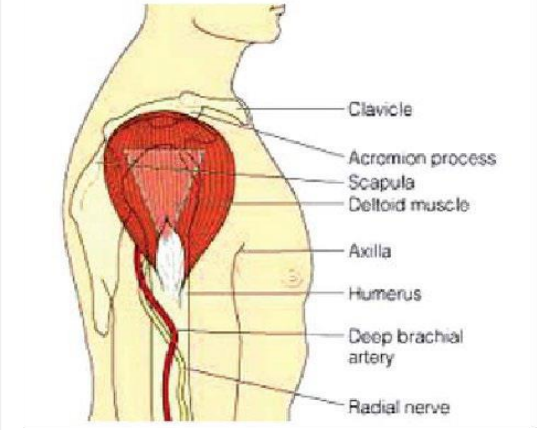
8.10 To avoid injecting into subcutaneous tissue in adults, it is necessary to spread the skin of the selected vaccine site taut between the thumb and forefinger in order to isolate the muscle. For extremely slim clients, it may be necessary to grasp the tissue and 'bunch up' the muscle.

8.11 The needle should be inserted fully into the deltoid muscle (preferred injection site) at a 90° angle and the vaccine injected into the muscle tissue, in the centre of the inverted triangle (see Figure 1). When the needle is withdrawn, light pressure should be applied to the injection site for several seconds with a dry cotton ball or gauze.

8.12 Give information on common side effects after the vaccination.

8.13 Request the vaccine recipient to wait in the clinic waiting area for 15 minutes following vaccination.

Figure 1 Recommended site for intramuscular injections: deltoid muscle (inverted triangle)



9.0 Post vaccination

After administering the vaccine the vaccinator

9.1. Disposes of sharps immediately, without recapping the needle, into the sharps container provided.

9.2. Washes their hands or uses alcohol hand gel.

9.3. Completes the vaccine administration details in the COVAX system including

- Vaccine name, batch number, manufacturer and expiry date
- Dose administered
- Site used
- Date vaccine was given

If vaccinators do not have an access to the COVAX system, a paper consent form should be used. The vaccinator must print and sign their name on the consent form and record PIN/MCRN. The vaccinator can enter the data retrospectively in the COVAX.

9.4. Ensures the vaccination record card is completed and given to the vaccine recipient before they leave.

9.5. Ensures that each vaccine recipient remains in the clinic waiting area under observation for 15 minutes as most anaphylaxis episodes begin within 15 minutes of vaccination.

9.6. Provides information on common side effects after the vaccination.

9.7. Advises regarding possible adverse reactions that occur post vaccination.

9.8. Provides appropriate contact details if there are any concerns following vaccination.

9.9. Reports adverse events to the HPRA (see Section 12.0)

9.10. Dispose of the PPE if required and perform hand hygiene.

10.0 Sharps Safety

The vaccinator must adhere to the following:

10.0 Carry out a dynamic risk assessment (undocumented) prior to each procedure.

10.1 Not pass sharps directly from hand to hand.

10.2 Keep handling of sharps to a minimum.

10.3 Ensure the sharps container is correctly assembled in line with the manufacturer's instructions.

10.4 Ensure sharps containers are labelled and signed on assembly and tagged for traceability on disposal.

10.5 Ensure sharps containers are appropriately placed so that they are at an accessible height for the Vaccinator but out of reach of others to prevent hands and fingers entering the disposal unit.

10.6 Ensure sharps containers are placed in a secure position or mounted on the wall to prevent tipping (approximately 1.3m minimum off the ground).

10.7 Dispose of sharps immediately, without recapping, bending or breaking the needle, into the sharps container provided as per HSE guidelines "Healthcare Risk Waste Management Segregation Packaging and Storage Guidelines for Healthcare Risk Waste" 4th edition November 2010, available at http://www.lenus.ie/hse/bitstream/10147/120929/1/healthcare_waste_packaging2010.pdf

10.8 Engage the temporary closure of the sharps container when not in use.

10.9 Fill the sharps container in accordance with the manufacturer's fill line.

10.10 Adhere to any additional controls identified through the risk assessment process and any local safe work practice and/or infection prevention controls.

10.11 Manage sharps containers in accordance with the Immunisation Guidelines for Ireland located appropriately and safely, off the floor and away from those being vaccinated, available at: http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter1.pdf

10.12 In the event of a sharps injury the local procedure must be followed. This will require immediate first aid and follow-up. Further information on sharps injury is available at http://www.hpsc.ie/A-_Z/EMIToolkit/EMIToolkit.pdf

Note: For further information on the Management of Sharps and Prevention of Sharp Injuries please refer to: https://healthservice.hse.ie/filelibrary/staff/policy-on-the-management-of-sharps-and-prevention-of-sharp-_injuries.pdf

Incident Management

All incidents must be reported and reviewed in accordance with the *HSE Incident Management Framework* and reported to the State Claims Agency via the National Incident Management System (NIMS).

In addition, under the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013, the Health and Safety Authority (HAS) must be notified immediately of any work-related sharps injury that could cause severe human infection/human illness.
The approved form of Notification of a Dangerous Occurrence must be used.

11.0 Adverse Reaction – Anaphylaxis

11.1 The Nursing and Midwifery Board of Ireland (NMBI) (2020) provide direction to registered nurses and midwives on the administration of a non-prescribed medication in a situation that requires immediate intervention: “In order to reduce the threat or potential threat to a patient’s life, the patient requires the administration of a non- prescribed medication and there is no immediate access to a person with the appropriate prescribing authority. Nurses and midwives should adhere to their own scope of practice and refer to local PPPGs relating to the administration of a non-prescribed medication in the event of a threat or potential threat to a patient’s life”.

11.2 Nurse and Midwife vaccinators should refer to and be familiar with NIAC algorithms/protocol i.e. Anaphylaxis: Immediate Management in the Community. Algorithms for management of anaphylaxis from the Immunisation Guidelines must be kept with anaphylaxis kits https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/anaphylaxis.pdf

Please also note the additional statement from NIAC released in July 2022 on “Use of adrenaline (epinephrine) auto-injectors by health professionals for the immediate management of anaphylaxis or suspected anaphylaxis following vaccination”. Available at: https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/niacstatementonepinephrine.pdf

12.0 Adverse Reaction – Reporting

12.1 The HPRA requests that health care professionals report all suspected reactions to all vaccines.

12.2 When reporting suspected adverse reactions to the HPRA, details of the brand name and batch number of the vaccine should be included in the report. An adverse reaction report form can be accessed by:

- Following the links to the online reporting options accessible from the HPRA website at www.hpra.ie
- Using a downloadable report form also accessible from the HPRA website, which may be completed manually and submitted to the HPRA via "freepost" available from the HPRA website https://www.hpra.ie/homepage/about-us/report-an-issue

12.3 A vaccine recipient with a suspected adverse reaction should be referred to an appropriate clinical setting for review. A medication error does not need to be routinely reported to the HPRA unless the person experiences harm.

13.0 Ordering of Influenza Vaccines

13.1 All services must arrange delivery of seasonal influenza vaccine via the HSE National Cold Chain Service (NCCS). Allocations for each account will be predetermined.

13.2 A "vaccine stock sheet" should be kept to record the date and stock on hand and quantity ordered to facilitate fortnightly ordering. Vaccines should be ordered by a specific date as per a prescribed schedule from the NCCS.

13.3 Vaccines should be ordered online at https://ordervaccines.ie/login.aspx from the HSE NCCS (current contract holders are United Drug Distributors UDD). Any queries can be emailed to vaccines@udd.ie . NCCS send a confirmatory email outlining that they have received the order and confirming the vaccine delivery date. If confirmation is not received NCCS should be contacted directly.

13.4 On receipt of vaccines, they must be checked against the order for any damage or discrepancy and stored in the vaccine fridge immediately and must never be left at room temperature.

14.0 Cold Chain Management of Influenza Vaccines

14.1 The 'Cold Chain' is the system of correct storage, transport and maintenance of vaccines. All vaccines are sensitive to heat, cold and light. They must be kept at temperatures between +2°C and +8°C to maintain their potency and comply with regulations.

14.2 The electricity supply to the vaccine storage fridge should not be accidentally interrupted. This can be achieved by using a switchless socket or by placing cautionary notices on plugs and sockets and using a dedicated circuit for the fridge and also label the fuse.

14.3 Current, maximum and minimum temperatures must be checked twice daily with time of reading and signed/initialed by the checker.

14.4 A temperature data logger should be placed in the fridge as a second monitor independent of the fridge thermometer. This provides a continuous temperature record.

14.5 A temperature monitoring chart should be on each vaccine fridge door. These charts should be kept indefinitely unless data logger recordings are being stored indefinitely.

14.6 Vaccines should be stored in the clinic vaccine fridge at all times. They should not be stored in non-pharmaceutical fridges.

14.7 The fridge should not be overfilled to allow air to circulate around the vaccines packages. Vaccines should be stored in containers that will prevent them touching the sides or back of the fridge.

14.8 Door opening should be kept to a minimum.

14.9 Food and drink should not be stored in this fridge.

14.10 Vaccines should always be stored in their original packaging and should not be removed from their packaging until required for use.

14.11 The inside of the fridge should be regularly cleaned with warm slightly soapy water. Dry thoroughly and only restock once the temperature is within the recommended range. The fridge seals should be regularly inspected. The seal should not be torn or brittle and there should be no gaps between the seal and the body of the unit when the door is closed.

14.12 If the temperature recorded is less than+2° or greater than +8°C, contact the NIO pharmacists (Achal Gupta 0874064810 or Cliona Kiersey 087 991 5452) or email immunisation@hse.ie for vaccines supplied by the NCCS. A risk assessment will be carried out and a recommendation made. The use of a vaccine stored at an incorrect temperature is based on a thorough understanding of the likely impact of the temperature variation on the vaccine and must be made on a case-by-case basis.

REMEMBER THE 7Rs

1. Read: temperature twice daily at clinic/surgery opening and closing times.
2. Record: maximum, minimum and current temperatures stating date and time of reading and sign/initial and download data logger recordings regularly.
3. React: if the temperature falls outside +2°C to +8°C and document this action.
4. Review: temperature records regularly (at least once a month).
5. Rotate: vaccines after each delivery placing shorter dated vaccines to the front.
6. Remove: expired stock from fridge immediately and return to NCCS for destruction.
7. Reset: reset the max/min thermometer (i.e. clear the thermometer memory) after each reading and after a period of high activity once temperatures have stabilised and also at the end of every day.

15.0 Transport of vaccines

The designated person collecting the vaccines is responsible for:

15.1 Appropriately completing the routine stock removal form each day in accordance with the vaccine fridge standard operating procedure (SOP)
https://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/sopnio01.pdf

15.2 Ensuring that the cool box is packed and maintained between +2°C to +8°C in accordance with cool box standard operating procedure (SOP)
https://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/sopnio02.pdf

- Cool packs must be stored in accordance with the manufacturers' instructions, at +2˚C to +8˚C to ensure they maintain the cold chain at the right temperature.
- Ice packs must be stored in accordance with manufacturers' instructions in a freezer. These should never be in direct contact with the vaccines as they will freeze the vaccines. A sufficient barrier layer must be used to prevent this happening.

15.3 Ensuring that the correct vaccine is in date.

15.4 Ensuring that, if possible, vaccine to be used on a day is all the same batch.

15.5 Recording the temperature in the cool box:

- Before leaving storage fridge.
- At the beginning of the vaccination session.
- At the end of the vaccination session.
- On returning the vaccines to the fridge.

15.6 Placing the cool box in:

- An appropriately ventilated room.
- Away from any heat source
- Away from direct sunlight.

15.7 Monitoring the temperature inside the cool box:

- The cool box should remain closed as much as possible.
- Only the amount of vaccine needed at one time should be removed for preparation and administration.

15.8 Ensuring that where vaccines are not used on a particular day and are in their original packaging and have been maintained under cold chain conditions, these vaccines may be returned to the vaccine fridge but they should be clearly marked so that they are used first on the next vaccinating session. The temperature of the vaccine being returned to the vaccine fridge should be recorded as well as the time of return to the fridge.

15.9 If these marked vaccines are taken to a second vaccination session and are not used providing the cold chain has been maintained, the vaccines can be returned to the vaccine fridge again, for administration at the next session. If a temperature deviation has occurred, contact the NIO for further advice as explained in section 14.12 as above. The NIO will carry out a risk assessment and will advise on a case-by-case basis whether it is appropriate to use the vaccines later or whether they should be discarded.

16.0 Revision and audit

16.1 This guidance document will be reviewed every 2 years. If research, legislation, standards, practice, the environment or role of personnel alters, the document will be reviewed prior to the 2 year period.

References

Guidance to Nurses and Midwives on Medication Management. Dublin: An Bord Altranais 2007

Nursing and Midwifery Board of Ireland (2020) *Guidance for Registered Nurses and Midwives on Medication Administration*. Dublin: Nursing and Midwifery Board of Ireland

Immunisation Guidelines for Ireland. National Immunisation Advisory Committee Available at: http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/

Guidelines for Vaccinations in General Practice. National Immunisation Office HSE 2018 Available at: https://www.hse.ie/eng/health/immunisation/infomaterials/pubs/guidelinesgp.pdf

HSE Guidelines for maintaining the vaccine cold-chain including maintenance of vaccine fridges and management of vaccinesUpdated 15 April 2020 Available at: https://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/sopnio01.pdf

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Health Service Executive (2022) Medicine Protocol for the Administration of Seasonal Influenza Vaccine by Registered Nurses and Registered Midwives to Healthcare Recipients. Dublin: Health Service Executive

National Immunisation Advisory Committee (2022) Anaphylaxis: Immediate Management in the Community. Available at https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/anaphylaxis.pdf

Appendix I: Equipment list for Clinic

Documentation	Checked	Documentation	Checked
Vaccination consent	□	Patient Information Leaflets	□
Pens	□	Clipboards	□
Continuation Sheets	□	Vaccinator Pack	□
Vaccination Record Cards	□	HPRA adverse event forms/incident forms	□

Clinical Equipment	Quantity/Type	Checked
Face masks		□
Sharps boxes		□
Alcohol Gel		□
Clinical Tray		□
Cotton wool		□
Gloves, Tape/plasters		□
Covid signage posters i.e. face mask and social distancing measures		□
Clinical waste bags		□
Domestic waste bin		□
Cooler box with thermometer (check battery) and ice packs (if required)		□

Vaccines	Quantity	Checked
Insert vaccine name here		□

Emergency Equipment	Checked
Anaphylaxis kit– check in date	□

Appendix II: Check Sheet at Clinic Location

General	Checked
Put up notices	□
Set-up clinic stations	□
Prepare documentation	□

Emergency Equipment set-up	Checked
Locate emergency equipment in suitable location	□
Familiarise with use of local AED (if available)	□
Check methods of communication in an emergency	
□Local contact	□
□Telephone availability	□
□Mobile phone coverage	□
Have written clear instructions on clinic location for emergency services	□
Inform switch about clinic and location	□
Duty doctor contact details available	□

Closeout of Clinic	Checked
Inform contact if emergency equipment used	□
Pack all documentation and equipment	□
Secure sharps boxes	□
Inform local contact when leaving site	□

Appendix III: Clinic Summary Document

Date of Clinic	
Location of Clinic	
Vaccinator (s)	
HSE Service	
Vaccine batch number(s) and expiry date(s)	
Cool box temperature	
• before leaving storage fridge	
• at start of session	
• at end of session	
• on returning the vaccines to the fridge	
Number Vaccinated	
Further Information/ Comments	

Appendix IV: Signature Sheet:

Name of the Document: Seasonal Influenza Vaccination Programme Supportive Document for HSE Vaccinators 2022/2023

I have read, understand & agree to adhere to this Supportive document

Name:	Signature:	Occupation:	Regn/PIN No:	Date: