Seasonal Influenza Peer Vaccination Programme

Guidelines for Staff
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1.0 Policy Statement:

The HSE provides seasonal influenza vaccine for all Healthcare staff to protect themselves and all patients in their care from influenza infection.

2.0 Purpose:

The seasonal influenza vaccination programme for healthcare workers is developed in accordance with the 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 http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/

These Guidelines for Staff for the Seasonal Influenza Peer Vaccination Programme have been prepared to inform relevant Health Service Executive (HSE) staff in relation to the procedures to be followed during the seasonal influenza vaccination programme. The programme aims to vaccinate health care workers each year with seasonal influenza vaccine and to facilitate and improve HSE recommended influenza vaccination uptake for all Healthcare staff. Peer vaccination clinics will carried out in addition to Occupational Health service influenza clinics, to provide increased availability and local knowledge of the influenza vaccine.

The purpose of this document is to provide guidance for best practice for influenza vaccination for all health care staff carried out by peer vaccinators or Registered Medical Practitioners (RMPs).

Peer vaccinators can be Registered Nurses (RN) or Registered Midwives (RMs).

3.0 Scope:

These guidelines apply to all Registered Nurses (RN), Registered Midwives (RNs) and Registered Medical Practitioners (RMPs) providing influenza vaccination to HSE Healthcare staff.

4.0 Roles & Responsibilities:

In each area a designated public health 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 control, 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 peer vaccinators
- Ensures the vaccination team have training in Basic Life Support and the Approved Anaphylaxis Treatment Training programme and that retraining is provided in accordance with best practice i.e. every 2 years
- Ensures that all staff are familiar with the appropriate immunisation documents including those outlined in the Medicine Protocol for the administration of Inactivated Influenza Vaccine (Split Virion) BP to nurses, midwives and healthcare workers (HCW);
- Ensures suitable location and equipment is available for peer vaccination clinics.
Occupational Health Service

- Provides required documentation for the peer vaccination programme
- Monitors peer vaccinators
- Records vaccination details (using Organisation Performance Assessment System if available)
- Continues to provide core influenza vaccination clinics
- Is responsible for data storage and management.
- Provides the Health Protection Surveillance Centre (HPSC) with statistical information on vaccination uptake.

Peer Vaccinators:

- Are responsible for their own clinical practice
- Must have retraining in Basic Life Support (Healthcare Provider and Management of Cardiac Arrest) and the Approved Anaphylaxis Treatment Training programme every 2 years
- Must attend relevant education programme specific to the medicine protocol, provided by Centres of Nursing and Midwifery Education
- Ensure they are familiar with and adhere to the practices as set out in these guidelines.
- Ensure they are familiar with and adhere to the
-     o Immunisation Guidelines for Ireland http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/
-     o Summary of Product Characteristics (SmPC) for the Inactivated influenza vaccine (Split Virion) BP used in the HSE influenza vaccination programme available at www.hpра.ie
- Are available to answer queries from those being vaccinated and other health care workers
- Should check that
-     o All the equipment necessary for the administration of the vaccines is in compliance with best practice.
-     o Appropriate drugs and equipment are available for resuscitation.
-     o All documentation is available
- Prepare for and carry out clinics as per these guidelines
- Return consent forms to the Occupational Health Service for the purpose of updating employee records and statistical analysis.
- Ensures that adverse events are notified to the Health Products Regulatory Authority (HPRA) See Section 13.

The person designated to a particular task may change or rotate depending on local arrangements.

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).
5.2 A national medicine protocol for seasonal Inactivated influenza vaccine (Split Virion) BP will be provided by the Office of the Nursing and Midwifery Services Director in collaboration with the National Immunisation Office.

5.3 All RNs and RMs acting as peer vaccinators must read and sign this medicine protocol prior to administering influenza vaccinations.

5.4 RNs and RMs working under medicine protocols will be accountable for their own clinical practice and should be familiar with and adhere to the practices as set out in these guidelines.

5.5 All staff answering “Yes” to any of the questions on the consent form (Appendix I) must be referred to Occupational Health for an individual medical assessment prior to vaccine administration.

5.6 The medicine protocol will be updated annually by the Office of the Nursing Services Director.

6.0 Planning a Vaccination clinic:

6.1 Vaccination Clinics should be run by
- A Registered Medical Practitioner (RMP)
- A RMP with a Peer Vaccinator
- Two or more RNs/RMs who have been trained as peer 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 Vaccinators must allow time for clinic set-up and clean-up.

6.4 The room must allow for privacy to respect the dignity of the staff member being vaccinated.

6.5 There must be sufficient waiting space beside the room to allow for staff to read and sign the consent form and wait in the area for 15 minutes as required following vaccination.

6.6 Inactivated influenza vaccine (Split Virion) BP must be ordered in advance of the clinic and stored in accordance with the National Cold Chain requirements – See Sections 14, 15 and 16.

6.7 All staff must be informed of the clinic dates, times and location in advance in order to arrange attendance.

6.8 Clinic equipment should be prepared in advance – see Appendix II for checklist.

7.0 Running a vaccination clinic:

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

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

7.3 A designated person should ensure that sufficient Inactivated influenza vaccine (Split Virion) BP is brought to each vaccination session, that 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 resuscitation kit to the vaccination session and for ensuring that all the necessary resuscitation 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 Verify the client’s name, date of birth and ensure that informed consent for vaccination has been given.

8.2 Assess staff member’s suitability for immunisation on the day. Vaccines should not be given if the staff member has an acute febrile illness.

8.3 Outline the process of vaccination to the staff member.

8.4 The vaccinator must wash their hands or use disinfectant gel before and after each vaccine administration.

8.5 The skin does not require cleaning 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 injected.

8.6 Gloves are not normally required when administering intramuscular injections. However, if the client’s skin or the vaccinator’s skin is not intact gloves should be worn.

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

8.8 Ensure that the vaccine colour and composition is in accordance with the Summary of Product Characteristics for the vaccine - if not discard the vaccine.

8.9 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.

8.10 The needle should be inserted fully into the muscle 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.

Figure 1 Recommended site for intramuscular injections (inverted triangle)

8.11 Give information on common side effects after the vaccination.

8.12 Request the staff member wait in the clinic waiting area for 15 minutes following vaccination.
9.0 Post vaccination:

After administering the vaccine the vaccinator

9.1 Disposes of sharps immediately, without recapping the needle, into the sharps containers provided.
9.2 Washes their hands or uses disinfectant gel.
9.3 Completes the administration details including
   - Vaccine name, batch number, manufacturer and expiry date, using peel off sticker from vaccine if available.
   - Dose administered
   - Site used
   - Date vaccine was given
   - Vaccinator must sign their name on the consent form and record PIN/MCRN. Record that the vaccine was given under medicine protocol under prescriber box on consent form as appropriate.
9.4 Ensures the vaccination record card is completed and given to the HCW before they leave.
9.5 Ensures that each HCW client remains in the practice under observation for 15 minutes as most anaphylaxis episodes begin within 15 minutes of vaccination.
9.6 Gives information on common side effects after the vaccination.
9.7 Takes any queries about 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 13.0).

10.0 Sharps Safety:

The vaccinator must adhere to the following:

10.2 Manage sharps containers in accordance with the Immunisation Guidelines for Ireland located appropriately and safely, off the floor and away from those being vaccinated see. http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter1.pdf
10.3 In the event of a sharps injury the local procedure must be followed, available at http://www.hpsc.ie/A-Z/EMIToolkit/EMIToolkit.pdf (Page 32) and the injury reported to the appropriate department.

11.0 Adverse Reaction – Anaphylaxis

11.2 Anaphylaxis kits must be provided in accordance with the Immunisation Guidelines of Ireland.
11.3 Algorithms for management of anaphylaxis from the Immunisation Guidelines must be kept with anaphylaxis kits.

12.0 Adverse Reaction - Reporting:

12.1 The Health Products Regulatory Authority (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.hp.ie](http://www.hp.ie)
- Using a downloadable report form also accessible from 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](https://www.hpra.ie/homepage/about-us/report-an-issue)
- By using the traditional “yellow card” report which can be requested in bulk from the HPRA. The “yellow card” also utilises the freepost system.
- By telephoning the HPRA Pharmacovigilance Section 01-6764971.

12.3 A staff member with a suspected adverse reaction should be referred to the Occupational Health Service 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 Inactivated influenza vaccine (Split Virion) BP via the HSE National Cold Chain Service.

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 National Cold Chain Service (NCCS).

13.3 Vaccines should be ordered online at [http://ordervaccines.ie/login.aspx](http://ordervaccines.ie/login.aspx) from the HSE National Cold Chain Service (NCCS) (current contract holders are United Drug Distributors UDD). E-mail [vaccines@udd.ie](mailto:vaccines@udd.ie) Fax number (01) 4637788

NCCS send a confirmatory email or fax 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. Vaccines must be placed immediately in the vaccine fridge and must never be left at room temperature.
14.0 **Cold Chain Management of Influenza Vaccine:**

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 and must be kept at temperatures between 2-8°C. Leaving vaccines outside this temperature range can result in the loss of vaccine potency.

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 Maximum/minimum temperatures must be checked **twice daily** with time of reading and sign/initial.

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 department 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 Vaccine 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°C or greater than +8°C, contact the National Immunisation Office (phone 01 867 6108 or 087 991 5452) for vaccines supplied by the National Cold Chain Service. 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.

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**REMEMBER THE 4Rs**

**Read:** Twice daily readings of the fridge thermometer’s maximum, minimum and current temperatures at the same time morning and evening daily during the working week.

**Record:** record fridge temperatures in a standard fashion and on a standard form stating date and time of reading and sign/initial and download data logger regularly.

**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.

**React:** the person making the recordings should take action if the temperature falls outside +2°C to +8°C and document this action.
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 procedures (SOP).

15.2 Ensuring that the cool box is packed and maintained between +2 to +8°C in accordance with cool box standard operating procedures (SOP)
   - 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. 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.
   - 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.

15.7 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.

15.8 If these marked vaccines are taken to a second vaccination session and are not used providing the cold chain has been maintained, they vaccines can be returned to the vaccine fridge again, for administration at the next session if a temperature deviation has occurred, the Chief Pharmacist or the Medical Officer of the National Immunisation Office should be contacted (at 087 9915452 or 01 8676108) for further advice. The National Immunisation Office 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 Education and Training:

16.1 Nurse and midwife peer vaccinators undertaking vaccination clinics must have up to date Basic Life Support and Approved Anaphylaxis Treatment Training programme and that retraining is carried out in accordance with best practice i.e. every 2 years.

16.2 Nurse and midwife peer vaccinators must read and sign the medicine protocol for the Inactivated influenza vaccine (Split Virion) BP prior to the administration of the Inactivated (Split virion) BP.


16.4 Nurse and midwife peer vaccinators must attend the relevant training provided by the Centres for Nursing and Midwifery Education. This training will include:

- Influenza Virus information
- Inactivated influenza vaccine (Split Virion) BP Information
- Barriers to getting the vaccine
- Promotion of the Inactivated influenza vaccine (Split Virion) BP
- Planning an Influenza Vaccination Clinic
- Running an Influenza Vaccination Clinic
- Management of Adverse Events
- Data management and statistics

17.0 Data Management & Statistical Reporting:

17.1 Consent forms must be managed in accordance with Data Protection legislation and HSE Policy.

17.2 Following close out of the clinic, complete the ‘Clinic Summary Document’ Appendix IV, and send all consent forms along with a copy of this document to the relevant Occupational Health Department A copy of the Clinic Summary Document can be retained for local records.

17.3 Occupational Health will record all vaccines administered on the Occupational Health database and will provide statistical information on vaccine uptake to all services.

18.0 Revision & Audit:

18.1 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 2 year period.

18.2 The Medicine Protocol for influenza vaccine will be updated annually in line with WHO recommendations for flu vaccine.
References

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


*Guidelines for maintaining the vaccine cold-chain including maintenance of vaccine fridges and management of vaccines.* National Immunisation Office HSE 2014 Available at: http://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/sop.pdf. [Accessed 20 April 16].


Healthcare Staff Seasonal Influenza Vaccination Consent Form

Privacy Statement: HSE staff are aware of their obligation under the Data Protection Acts, 1988 and 2003. The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and health care provision.

Forename  Surname

Date of Birth  Male / Female  (circle appropriate)

Home Address  County

Contact Phone Number

Job Title

Work Address

GP Name  GP Address

Please complete the following questions before signing the consent form

1. Are you suffering from an acute illness?  Yes  No
   If yes, please detail

2. Have you ever had a severe reaction to anything including medication or vaccine (including anaphylaxis)  Yes  No
   If yes, please detail

3. Do you have any illness or condition that increases your risk of bleeding?  Yes  No
   If yes, please detail

I consent for vaccination with influenza vaccine.

I have read and understand the accompanying vaccine information, including risks and side effects

Signature  Date (dd/mm/yyyy)

Name (Please print)

For Office Use Only

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Vaccine Name/ Manufacturer</th>
<th>Batch No</th>
<th>Expiry Date</th>
<th>Site Given</th>
<th>Vaccinator’s Signature and PIN/MCRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>dd/mm/yy</td>
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<td>mm/yy</td>
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<td></td>
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</table>
Foirm Toilithe um Vacsáiniú Fliú Séasúrach don Fhoireann Cúram Sláinte


Céad Ainm     Sloinne
Dáta Breithe     Fireann / Baineann (cuir ciocar mar is cú)
Seoladh Baile     Contae
Uimhir Theagmhála
Teideal Poist
Seoladh Oibre
Ainm an DT     Seoladh DT

Freagraí na ceisteanna seo a leasú síonnn tú an fhoirm toilithe

4. An bhfuil géarthinneas ort? Tá Nil
    Má tá, sonraigh

5. An raibh frithghníomhú dian agat riamh in aghaidh aon ní, cógais nó vacsain (anaíolacmsas san áireamh) Bhi Ni raibh
    Má bhi, sonraigh

6. An bhfuil aon tinneas nó riocht ort a mhéadódh an ríosca fuiliú duit? Tá Nil
    Má tá, sonraigh

Toilím do vacsáiniú leis an vacsain fliú.
Léigh mé agus thug mé an t-eolais um vacsain atá leis seo, na rioscaí agus fo-iarsmai san áireamh

Síniú     Dáta (ll/mm/bbbb)
Ainm (Priontáil le do thoil)

Don Oifig Amháin

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<th>Ainm na Vacsáine Ainm/Déantóir</th>
<th>Baisc-Uimhir</th>
<th>Dáta Éaga mm/bb</th>
<th>Áit a Tugadh</th>
<th>Síniú an Vacsáineora agus UAP/MCRN</th>
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Appendix II: Equipment list for Clinic

<table>
<thead>
<tr>
<th>Documentation</th>
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<tbody>
<tr>
<td>Vaccination consent forms</td>
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<td>Patient Information Leaflets</td>
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</tr>
<tr>
<td>Pens</td>
<td>□</td>
<td>Clipboards</td>
<td>□</td>
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<tr>
<td>Continuation Sheets</td>
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<td>Peer Vaccinator Pack</td>
<td>□</td>
</tr>
<tr>
<td>Vaccination Record Cards</td>
<td>□</td>
<td>HPRA adverse event forms/ incident forms</td>
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<table>
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<tr>
<th>Clinical Equipment</th>
<th>Quantity/Type</th>
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</thead>
<tbody>
<tr>
<td>Gloves</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Sharps boxes</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Alcohol Gel</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Clinical Tray</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Cotton wool</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Tape/plasters</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Clinical waste bags</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Domestic waste bin</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Cooler box with thermometer (check battery) and ice packs (if required)</td>
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<table>
<thead>
<tr>
<th>Vaccines</th>
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<tbody>
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<td>Inactivated influenza vaccine (Split Virion)</td>
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<table>
<thead>
<tr>
<th>Emergency Equipment</th>
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<tbody>
<tr>
<td>Anaphylaxis kit – checks up to date</td>
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### Appendix III: Check Sheet at Clinic Location

#### General

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<thead>
<tr>
<th>Task</th>
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<tbody>
<tr>
<td>Put up notices</td>
<td></td>
</tr>
<tr>
<td>Set-up clinic stations</td>
<td></td>
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<tr>
<td>Prepare documentation</td>
<td></td>
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</table>

#### Emergency Equipment set-up

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</thead>
<tbody>
<tr>
<td>Locate emergency equipment in suitable location</td>
<td></td>
</tr>
<tr>
<td>Familiarise with use of local AED (if available)</td>
<td></td>
</tr>
<tr>
<td>Check methods of communication in an emergency</td>
<td></td>
</tr>
<tr>
<td>• Local contact</td>
<td></td>
</tr>
<tr>
<td>• Telephone availability</td>
<td></td>
</tr>
<tr>
<td>• Mobile phone coverage</td>
<td></td>
</tr>
<tr>
<td>Have written clear instructions on clinic location for emergency services</td>
<td></td>
</tr>
<tr>
<td>Inform switch about clinic and location</td>
<td></td>
</tr>
<tr>
<td>Duty doctor contact details available</td>
<td></td>
</tr>
</tbody>
</table>

#### Closeout of Clinic

<table>
<thead>
<tr>
<th>Task</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform contact if emergency equipment used</td>
<td></td>
</tr>
<tr>
<td>Pack all documentation and equipment</td>
<td></td>
</tr>
<tr>
<td>Secure sharps boxes</td>
<td></td>
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<tr>
<td>Inform local contact when leaving site</td>
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### Appendix IV: Clinic Summary Document

<table>
<thead>
<tr>
<th>Date of Clinic</th>
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<table>
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<th>Location of Clinic</th>
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<table>
<thead>
<tr>
<th>Vaccinator(s)</th>
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<table>
<thead>
<tr>
<th>HSE Service</th>
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<table>
<thead>
<tr>
<th>Vaccine batch number(s) and expiry date(s)</th>
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<table>
<thead>
<tr>
<th>Cool box temperature</th>
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<tr>
<td>before leaving storage fridge</td>
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<tr>
<td>at start of session</td>
</tr>
<tr>
<td>at end of session</td>
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<tr>
<td>on returning the vaccines to the fridge</td>
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<table>
<thead>
<tr>
<th>Number Vaccinated</th>
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<th>Further Information/ Comments</th>
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Appendix V: Signature Sheet:

Name of PPPG: Seasonal Influenza Peer Vaccination Programme,

I have read, understand & agree to adhere to the attached PPPG

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
<th>Occupation:</th>
<th>Pin No:</th>
<th>Date:</th>
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