Bega Valley Medical Practice

BVMP Flu Vaccination Clinic during COVID-19 Pandemic

OVERVIEW

Location

- Bega showground

Date and time

- Saturday 25/04 1200-1600
- Sunday 26/04 0800-1200

Booking and communication prior

- SMS and email to eligible patients (>65, chronic disease, pregnant, Indigenous or Torres Strait Islander)
- Phone call to eligible patients with no mobile number or email on file
- Patients able to book over the phone and online

Personnel required

- SES volunteers: traffic control at entrance, along route, and exit
- Practice staff: 1 x record keeping ('admin') and 2 x flu injection for each station, 1 x Dr and 1 x Nurse to form 'emergency response' team as needed
- Volunteers: temperature checkpoint, supply runner

Equipment at each station

- Hand sanitiser
- PPE: gown, goggles, N95 masks
- Small cooler
- Vaccinations: Fluad Quad and Flu Quadri
- Tissue box
- Print out of appointments
- Laptop (consider need for internet and power) logged in to Best Practice
- Pen(s)
- Laminated list of what must be covered for informed consent
- Sharps bin
- General waste bin

Patient flow

1) Arrive at Upper St entrance of Bega showground
2) SES to ask if patient has an appointment
    a. If YES, continue to 3
    b. If NO, bypass across oval to exit through back gate
3) Drive up to temperature checkpoint
    a. Infrared or tympanic thermometer used
    b. Temperature written on post-it-note and given to patient

4) Patient directed to drive up to 1 of 4 stations
    a. Turn car off and stay inside car.
    b. Clinician to asked name and DOB. This is documented by admin (along with vaccination batch number, and arm used). Age confirmed.
    c. Clinician to ask the following:
        i. Temperature
            1. If NAD, continue
            2. If elevated, not for vaccination today
        ii. Allergies
        iii. Previous reactions
        iv. Recent Ig or whole blood transfusions
        v. Hx of GBS
        vi. Is this first flu vaccination?
            1. If yes, move to nearby holding bay for vaccination and 10 minutes of observation.
            2. If no, continue.
    d. Clinician to inform patient of:
        i. 1 in 1 million risk of GBS (cf 6 in 1 million with influenza)
        ii. Common SE of sore arm and lump at injection site
        iii. Covers 4 x strains of flu, however NOT COVID-19
    e. Any questions?
    f. Patient given tissue to hold, asked to relax arm inside of the car by their side with sleeve rolled up.
    g. Influenza vaccine administered by Dr or Nurse. Sharps disposal
    h. Patient then drives along exit road towards back gate.
    i. SES hold cars for 10 minutes prior to departure, and notify emergency response team of any concerns as relevant *(radio communication?)*

<u>Outcome</u>

- ~544 influenza vaccination administered in total over two sessions
- Identified incidents
    - 1 x event of pain to arm radiating up to neck during and directly following administration of injection. Resolved with no intervention needed
    - ?others

ANALYSIS

<u>Strengths</u>

- Efficient flow-through of patients
- Cooperation of SES
- Ample staffing
- Patients were very positive in their feedback, and appreciated the service offered

<u>Weaknesses</u>

- Room for improvement in traffic flow moving from stations to exit road (few near misses)
- Lack of privacy in the event of an incident, with patient treated lying on the grass in view of others
- Difference in operation between teams (e.g. checking batch number for each injection)

- Issues with online booking
- Incorrect DOB/age on file impacting on vaccine count (>65 v <65)
- Inactive patients will not receive reminder message (small number of current patients who have simply not needed to see GP in last 2 years but still eligible)

Opportunities

- Ability to increase number of vaccinations given within same time-period
- Could this be replicated for future seasons, or other routine vaccinations like pneumovax
- This model could be replicated to deliver COVID-19 vaccinations in the future to the wider community (need to consider difficulties with multiple practices, billing, etc)