



Guideline to setting up COVID-19 Vaccination Areas

Background

The first phase of the J&J vaccine Sisonke Programme for healthcare workers in the Western Cape is tentatively scheduled to begin on 22 February 2021. The Provincial Project Office has consulted with experienced vaccinators and clinicians and has collated some recommendations on the requirements to set up a vaccination site. This is an evolving document and will be amended according to feedback received from phase 1 implementors as well as guidelines prescribed by the National Department of Health.

Requirements for Vaccination Area

- All vaccination sites must be registered according to the **standard protocol (MFL system)**, and must comply with the minimum requirements recommendation
- Allocate sufficient **space**, with good natural **ventilation**, to accommodate the flow of activities. The pathway of client through the vaccination site should preferably be a **one-way flow**.
- Ensure that there is adherence to COVID-19 **screening & infection control** protocols throughout the area.
- Ensure adequate **privacy** for clients accessing the vaccine if possible.
- Ensure that there is adequate **security**.
- Determine the **hours that the vaccination site will operate**, and how many **staff will be allocated to each area for each shift**. Allow an hour in the **morning for prep** and an hour at the **end of the day for de-briefing**.
- Set up a **roster** to ensure coverage of **vaccinators** with **contact details**.
- It is recommended that **vaccination teams** consist of the following:
 - admin clerks
 - queue marshals
 - trained vaccinators
 - supervisor
 - staff to replenish supplies & sharps containers
 - general assistants to ensure cleaning and adherence to IPC

- clinical staff to observe and respond to the clients with adverse events after vaccination
- availability of clinician with advanced emergency trained to respond to severe adverse events such as anaphylaxis (EMS, doctor)
- Each team will need to be equipped with at least **two dedicated computers** with **internet access** for the **EVDS** registration process and capturing of vaccination data by vaccinators. Ideally, each vaccinator should have a dedicated electronic device for data capturing at their vaccination station – if this is not possible, then time and capacity for back-capturing at the end of the day must be considered.
- A tool for **paper-based** administration of registration, consent, medical screening and vaccination data capture must be available **in case of power outages, internet connectivity issues** of lack of data capturing devices.
- The requirements for **informed consent** may vary according to the types of vaccine being administered- this will be kept minimal and will be available electronically if possible. Updated information will be provided by the Project Office as these requirements change.
- A **medical screening questionnaire** must be administered to illicit whether there are any contraindications to vaccination or any significant medical conditions present. Clients may also have specific questions around vaccines such as side effects. Vaccinators should address these and discuss with the supervisor if there are any concerns.

Key Processes in Client Pathway through Vaccination Site (table1)

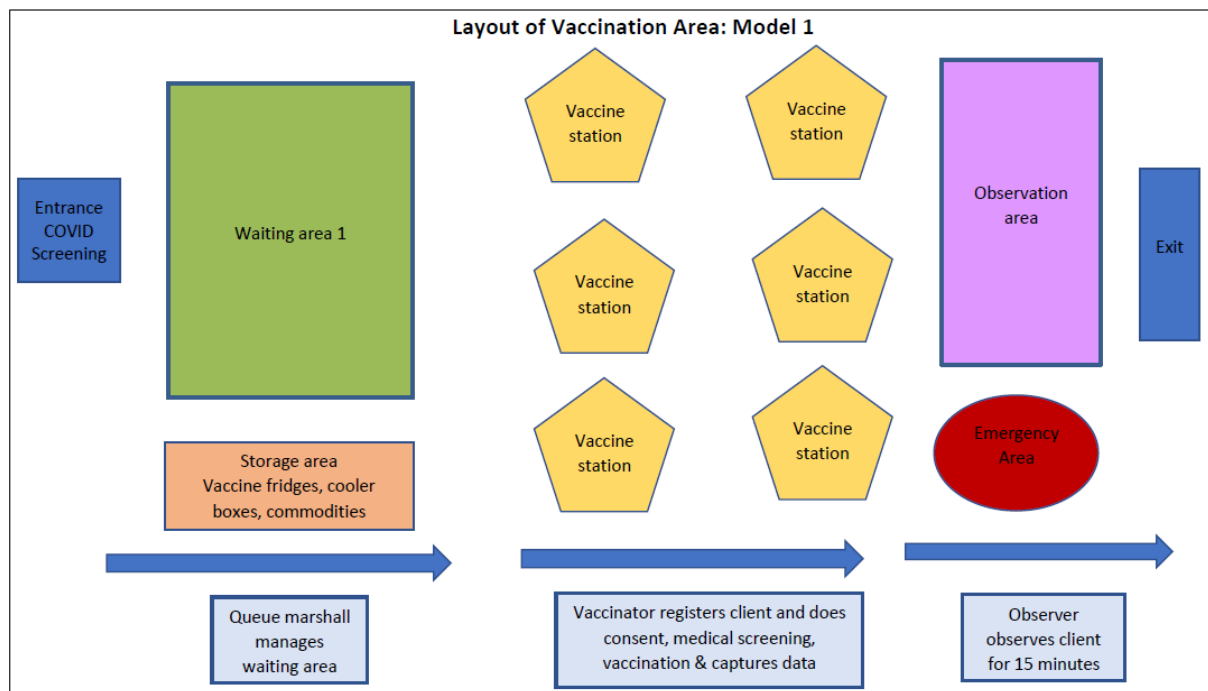
1. The **screeener at the entrance** should conduct basic **COVID-19 symptom screening**. Anyone who screens positive for COVID-19 symptoms should be referred for COVID-19 assessment. They should be asked about exposure to COVID-19 close contacts in preceding 10 days. Asymptomatic close contacts of known COVID-19 cases should complete the recommended period of quarantine for 10 days before vaccination.
2. The **client must be registered on EVDS**. If they have completed self-registration and have been issued with an appointment, their **identity must be confirmed on EVDS**.
3. **Vaccinators must obtain informed consent and complete medical screening before vaccination**. The encounter must be captured on paper-based tool and later onto EVDS or may be captured immediately onto EVDS if suitable device is available. Vaccinators may separate the consent & screening process and the vaccination process if this improves efficiency.
4. After vaccination, clients must proceed to the **observation area** where they must be **monitored for 15 minutes** (if history of any severe allergic reaction or anaphylaxis observe for 30 minutes). This area must be in close proximity to an emergency treatment area, where clients who collapse or experience adverse events can be treated. A **doctor, EMS practitioner or suitably qualified healthcare professional must be available to manage any serious adverse events**.

Table 1: Processes & Requirements for Vaccination Areas

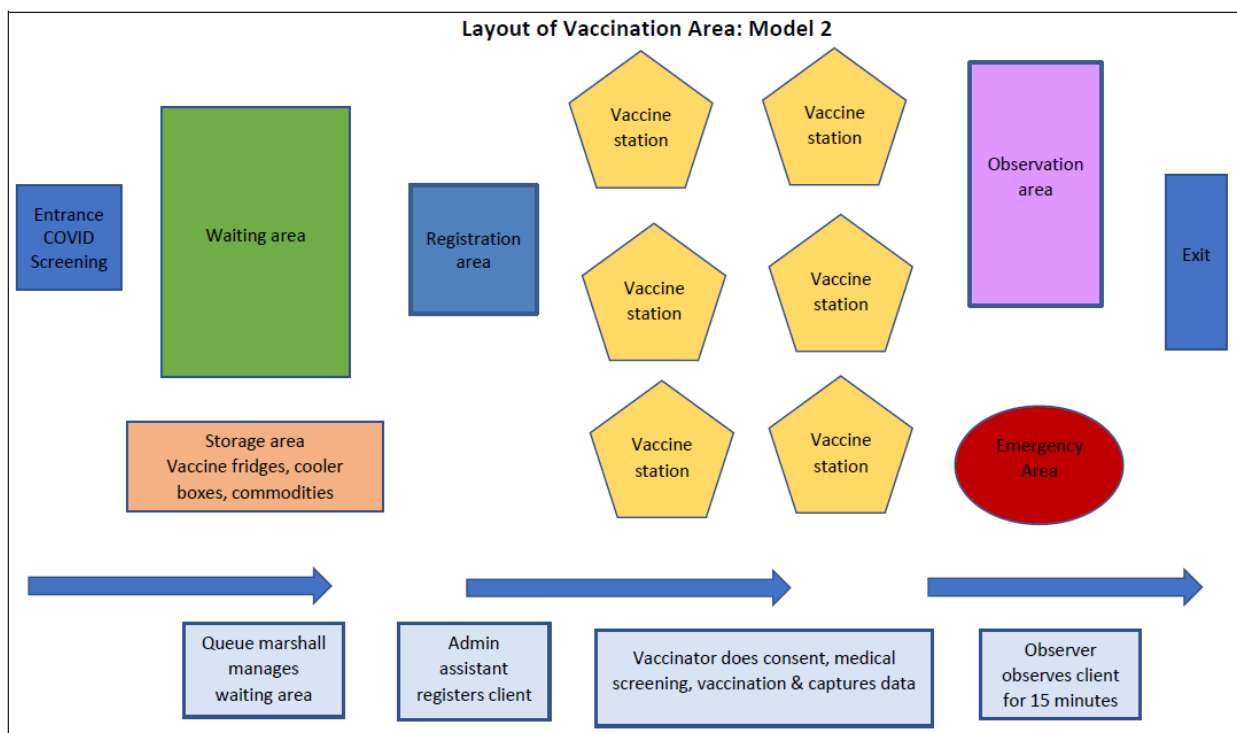
	Entrance (Screener)	Reception (Admin assistant or Vaccinator)	Consent & Screening Area (Vaccinator)	Vaccination Area (Vaccinator)	Observation Area (Nurse Observer)
Processes	<ul style="list-style-type: none"> COVID screening (symptoms & history of close contacts) 	<ul style="list-style-type: none"> Confirm ID Check if client registered on EVDS-capture any outstanding details If not on EVDS register, capture details Explain vaccination area flow to client 	<ul style="list-style-type: none"> Client waits to enter vaccination area Vaccinator confirms ID & administers consent and medical screening 	<ul style="list-style-type: none"> Administers vaccine Records encounter on paper-based tool or directly onto EVDS Issues vaccine card & post-vaccination leaflet 	<ul style="list-style-type: none"> Standard 15-minute post-vaccination monitoring 30-minute post-vaccination monitoring if history of any previous anaphylaxis or severe allergic reaction
Requirements	<ul style="list-style-type: none"> Latest Covid-19 screening tool 	<ul style="list-style-type: none"> Computer Paper-based register Paper-based consent form 	<ul style="list-style-type: none"> Informative posters/leaflets about vaccine 	<ul style="list-style-type: none"> Table & chair, screen (privacy), space for cooler box Sink and soap (or hand sanitiser) Sharps container Waste container Sundries (e.g. needles, syringes, cotton wool, micropore) Vaccination data collection tool Vaccination cards Post-vaccination leaflets Access to electronic device for capture 	<ul style="list-style-type: none"> Anaphylaxis emergency kit Anaphylaxis poster (will be provided) Emergency area with bed and screen
Staff	<ul style="list-style-type: none"> Volunteer / Administrative staff / Nurse 	<ul style="list-style-type: none"> Administrative staff Supervisor** 	<ul style="list-style-type: none"> Trained Vaccinator Supervisor** 	<ul style="list-style-type: none"> Trained vaccinator Supervisor** 	<ul style="list-style-type: none"> Nurse Supervisor** On standby-doctor, EMS or suitably trained healthcare worker to assist with advice and management of adverse events
<p>*This is not an exhaustive list, refer to Minimum Requirement Checklist for Vaccination Site **Single supervisor may be responsible for multiple areas</p>					

Models for Planning the Layout of a Vaccination area

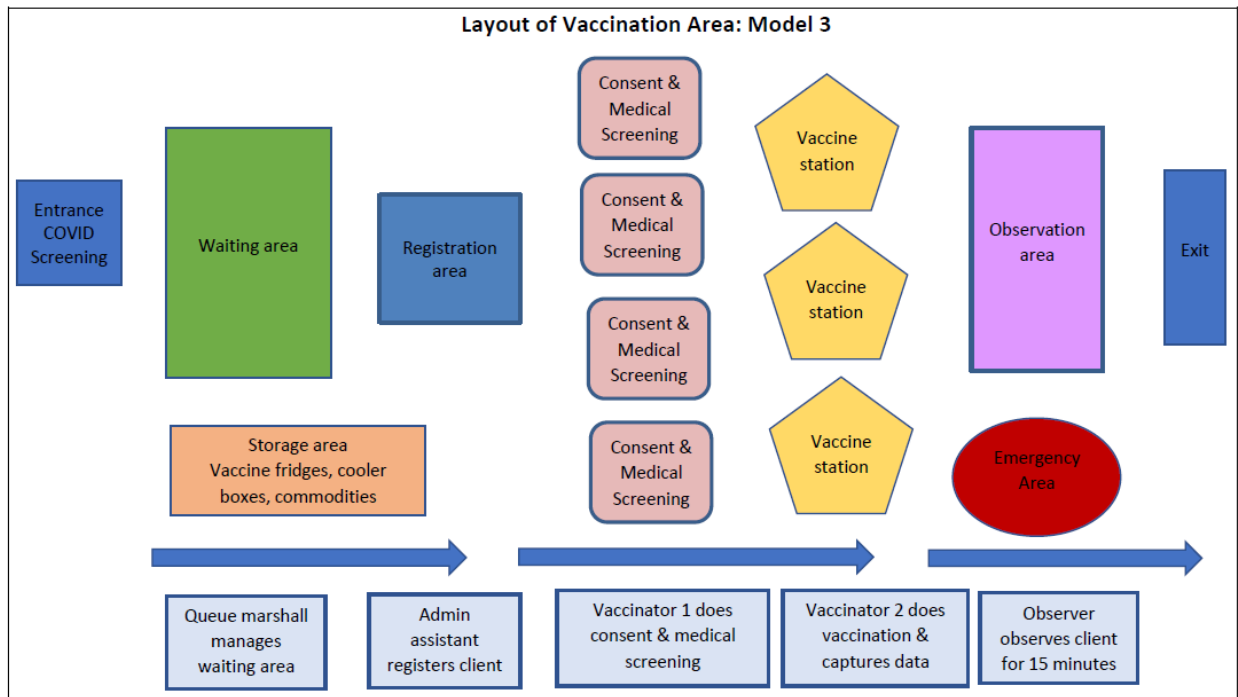
The layout of the vaccination area will be dependent on a number of factors including existing infrastructure, staff availability and process flows. Three options are presented below.



Model 1: The vaccinator performs all the key functions of registration, obtaining informed consent, medical screening, vaccination and post-vaccination capturing of data. May be more suitable in situation where most clients have self-registered and completed consent electronically (phase 1).



Model 2: An admin assistant performs the function of registration, while the vaccinator performs all the other key functions of obtaining informed consent, medical screening, vaccination and post-vaccination capturing of data. May be more suitable in situation where many clients may not have self-registered (phase 2 &3).



Model 3: An admin assistant performs the function of registration. The key functions of obtaining informed consent & medical screening, and vaccination & post-vaccination capturing of data are separated. May be suitable in situation where clients have not completed electronic consent, have poor medical literacy or have multiple comorbidities, which would result in longer time spent on obtaining and providing necessary information (phase 2&3).