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### Guidance for GP practices considering vehicle-based influenza vaccination clinics

- During COVID-19 some Australians are required to remain physically isolated at home to reduce their risk of exposure to COVID-19 and others may be hesitant to attend clinical settings to be vaccinated.
- Preventing vaccine preventable diseases is critical and influenza vaccination can help reduce winter respiratory illnesses and take pressure off the health care system which is responding to the COVID-19 pandemic
- Advice about planning and implementing vaccination clinics during COVID-19 is available on the [NSW Health Immunisation webpage](#). This document is providing guidelines for a drive-in clinic option where no other suitable options are available.

Drive in immunisation clinics are not routinely recommended due to safety concerns for patients that may experience a rare adverse event following immunisation. Immunisation providers considering this option after reviewing existing advice for [maintaining and implementing vaccinations clinics during COVID-19](#) should consider the following guidelines.

#### Preparing for drive in immunisation clinics

- To reduce the spread of COVID-19 and other respiratory viruses clinic staff must not attend work if they are unwell.

#### Environment to promote safe physical distancing

- The most suitable venue for GP-delivered drive-in immunisation services would be a parking area in close proximity to the GP surgery.
- Multiple parking bays where people can be readily monitored should be reserved for drive-in immunisations.
- Signage adjacent to the immunisation parking bays should be displayed advising patients not to exit their vehicle unless instructed to do so by clinic staff or in the case of an emergency.

#### Equipment

- As with any patient encounter, sharps must be very carefully managed, particularly as the encounter is outside the clinic area.
- It is recommended that a trolley containing the essential equipment to offer the service is used and appropriately cleaned between patients.
- Refer to 'other considerations' below for information regarding PPE and maintaining the cold chain.

#### Organising appointments

- Providers should consider sending targeted communications to their medically vulnerable patients informing them of the drive-in vaccination alternative.
- When making the appointment, patients must be asked to bring a responsible adult member of their household with them in the vehicle so they can drive home.
- Appointment times should be staggered to allow for the immunisation encounter and 15 minutes post vaccination observation.
- To prevent traffic congestion, patients should be advised not to arrive in advance of their appointment.

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- Patients should be advised that if they are unwell, they should not present for drive-in vaccination
- Patients should be encouraged to wear loose fitting clothes to enable easy access to the deltoid area.

Patients should be advised that there may be situations where the drive-in vaccination clinic is not suitable for the individual and alternative arrangements may have to be made on the day.

### During drive in immunisation clinics

- Do not pre-prepare large quantities of vaccine as there may be low attendance.
- Patients should be provided with a printable pre vaccination checklist and instructions for the clinic, including the required 15 minute recovery period, this should be provided when the patient makes their appointment.
- Providers must review the pre vaccination screening checklist with the patient to ensure they are suitable for drive-in immunisation services and the influenza vaccine. This pre-vaccination assessment could be conducted via the phone.
- Patients who are not suitable for drive-in immunisation services should be offered an in-clinic appointment. These patients include:
  - Patients with previous history of anaphylaxis or allergy to influenza vaccination and,
  - Patients with an unknown history of anaphylaxis (receiving the influenza vaccine for the first time)
- Providers should deliver all vaccinations from the outside of the vehicle. It is acceptable to request that the patient open the car door to allow adequate visualisation of the deltoid area and minimise the risk of inappropriate administration and Shoulder Injury Related to Vaccine Administration (SIRVA) (refer to '*after care considerations*' below).
- Patients **MUST** remain in the vehicle during and 15 minutes post the vaccination event; drivers can be permitted to move their vehicle to a parking bay not being used for vaccinations, if required.

### After care considerations

Immediate adverse events are rare and may include anaphylaxis (0.65–1.53 per million vaccine doses) and vasovagal syncope (fainting). Most syncopal episodes occur early (>50% within 5 minutes, and 80% by 15 minutes); these can be rendered less likely by taking simple measures in syncope-prone individuals.

The Australian Technical Advisory Group on Immunisation clinical advice has released a [Statement on the duration of observation after vaccination in the context of minimising risk of exposure to COVID-19 at health care facilities](#).

**People attending drive-in immunisation clinics MUST remain in the car to observe the standard 15-minute observation period.**

The following post vaccination strategies should be considered to support the management of adverse events:

- The clinic should consider having an appropriately trained person roving in the carpark to check on patients post vaccination. Staff should be familiar with signs and symptoms of adverse events and their appropriate management including early signs of anaphylaxis, allergic reaction and syncope.
- Medicines and supplies needed to manage a potential anaphylactic reaction and staff trained in their use should be readily available.
- Providers should ensure that patients have access to a mobile telephone and the clinic's phone number.
- The clinic's phone must be monitored at all times.
- Patients should be instructed to use the car horn to gain attention.

All instructions should be communicated to both the patient and their accompanying household member.

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### Avoiding shoulder injury when vaccinating

Shoulder injury related to vaccine administration (SIRVA) is a rare complication which is the result of incorrect vaccine administration, when the vaccine is given too high into the shoulder joint. This can cause shoulder pain and restricted range of movement. Symptoms often begin at the time of injection and can last from weeks to years. Bursitis is the most commonly reported diagnosis.

Correct injection technique and positioning can prevent SIRVA, this is particularly important to consider when offering a drive-in immunisation clinic. To minimise the risk of SIRVA, especially when offering drive-in vaccination clinics, expose the entire upper arm so that landmarks are easily discernible and find the correct injection site. Additional information on the correct injection site is available in the Vaccination procedures section of the online [Australian Immunisation Handbook](#).

### Other considerations

It is acknowledged that not all GPs will want to offer drive-in immunisation services due to parking, staffing, or other constraints. Vaccinating patients outside of the enclosed clinic spaces (for example appropriately spaced chairs under a veranda) could also facilitate reducing exposure to other clinic attendees during vaccine administration. Much of the guidance provided above regarding drive-in services is applicable to this approach. Additional advice is available: <https://www.health.nsw.gov.au/immunisation/Pages/vaccination-advice-during-covid-19.aspx>

### Personal Protective Equipment (PPE)

- PPE additional to that normally used as part of your routine immunisation service is not recommended.
- PPE is only necessary for health care workers seeing patients with symptoms consistent with coronavirus (COVID-19), where there is a much higher risk of transmission.
- More advice on PPE can be found on the NSW Health's Clinical Excellence Commission website: <http://www.cec.health.nsw.gov.au/keep-patients-safe/Coronavirus-COVID-19/Guidance-for-health-professionals>

### Maintaining cold chain

- Providers must ensure that they maintain appropriate cold chain of all vaccines after removal from the clinic's temperature-monitored vaccine specific refrigerator.
- Efforts should be made to minimise the time interval between removal from the refrigerator and vaccine administration.
- If significant numbers of vaccine doses will be held outside a temperature-monitored refrigerator they should be appropriately packed in a monitored cooler. Tips for using coolers for vaccine transport can be found in Chapter 9 of the "Strive for Five" document: <https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5>
- For more information about how to maintain cold chain, or to report a breach, visit NSW Health's Cold Chain Storage and Management site at: <https://www.health.nsw.gov.au/immunisation/Pages/cold-chain-management.aspx>

**Further information about 'Vaccination clinic implementation during COVID-19 response' is available on the NSW Health website**

<https://www.health.nsw.gov.au/immunisation/Pages/vaccination-advice-during-covid-19.aspx>