**EXAMPLE Risk Assessment for vaccinating in care homes that have an outbreak of COVID-19 infection**

**This document is to be used to inform a decision about vaccinating a care home when there is a confirmed outbreak or single case**

Main objective is to prioritise all care home residents for vaccination as soon as possible. The only contraindications to vaccination are clinical (if the person is acutely unwell).

**Name of Home:**

**At the Meeting:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Factors for Consideration** |  | Risk high/ low | Comments and mitigating action |
| **1.** | **Known or possible cases of COVID-19 infection in the care home and extent of the outbreak** |  |
|  | Number of known or possible positive residents within 14 days of positive test.  |  |  |  |
|  | Number of known or possible positive staff |  |  |  |
|  | What is the known about the status of the outbreak? (Is it emerging or do IPCT feel it may be stabilising?)  |  |  |  |
|  | Is the outbreak confined to one aspect/ unit of the home? |  |  |  |
|  | Are those residents known or suspected to be positive isolated or cohorted in one area of the home or are there concerns about those who walk with purpose? |  |  |  |
| **2.**  | **The built environment and its adaptability for COVID vaccination** |  |
|  | Does the immunisation team need to access all areas of the care home, or can they confine their activity to a specific area, ideally accessed using alternative routes from main thoroughfares? |  |  |   |
|  | Has an immunisation station(s) been agreed which residents can be brought to for vaccination? (Immunisation station to be agreed with CH Manager in an area that enables social distancing, minimises cross over of flow and enables frequent decontamination ) |  |  |  |
|  | If yes can this immunisation station be safely achieved without residents and staff transiting through affected areas of the home or contributing to spread? |  |  |  |
|  | If it is not possible to establish an immunisation station, is there a plan for the movement of the immunisation team through the premises which minimises possible exposure to unaffected areas? |  |  |  |
| **3.**  | **Risks from and to Vaccinating Team**  |  |  |  |
|  | If agreement to proceed consider the risks to vaccinating team and consider PPE: * All vaccinating staff to have lateral flow tests before entry and temp checks to exclude fever
* all staff should wear Fluid Resistant face masks on sessional use and a face visor
* Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin.
* All staff (vaccinators/ admin/ support) must apply hand hygiene between patients (change gloves or re-gel)

Exclude high risk staff Consider using staff who have already been vaccinated Keep staff to a minimum  |  |  |  |
| **4.** | **Decision and Plan** |  |  |  |
|  |  |  |  |  |

Signed off by:

Date: