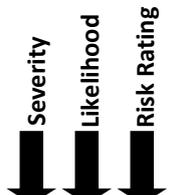
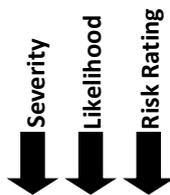


## Outreach Flu Vaccine Risk Assessment

10<sup>th</sup> October 2023

SEVERITY		LIKELIHOOD
No Injury	1	Never
Minor Injury	2	Seldom
Injury	3	Possible
Serious Injury	4	Probable
Death	5	Always

X	5	4	3	2	1
5	25	20	15	10	5
4	20	16	12	8	4
3	15	12	9	6	3
2	10	8	6	4	2
1	5	4	3	2	1



Hazard	Risk				Control Measure			
Outside Flu Clinic	Personal injury, conflict, safety of clients and volunteers.	3	3	9	<p>The clinic is to be held outside; the gazebo does not have any walls to allow for good ventilation. Gazebo will be weighted and tied to railings with bungee rope, to ensure stability.</p> <p>Staff will place two tables / chairs underneath the gazebo for the GP to administer the vaccine</p> <p>Camping basic LED outdoor lighting is provided. Volunteers sometimes wear head torches</p> <p>NSK staff in place to ensure those attending site maintain social distance whilst waiting.</p> <p>Provide a waiting area for the 15-minute post vaccine observation ensuring social distance is always maintained between clients. GP will assist if there are any medical issues. NSK First Aid volunteers on site.</p> <p>Staff/GP to maintain social distance when moving around the site and during rest breaks.</p>	3	2	6

	Masks to be always worn				<p><b>Face</b> means face coverings reduce the dispersion of these droplets, meaning if you're carrying the virus, you're less likely to spread it when you exhale. Coronavirus is carried in the air by tiny respiratory droplets that carry the virus. Larger droplets can land on other people or on surfaces they touch while smaller droplets, called aerosols, can stay in the air indoors for at least 5 minutes, and often much longer if there is no ventilation.</p> <p><b>Fluid-repellent (Type IIR) surgical mask</b>        Fluid-repellent surgical masks (FRSMs) are required and can be used continuously while providing care until you take a break from duties (for example to drink, eat, for your break time or end of shift).</p>			
Contamination from bodily fluids	PPE – incorrect type, use, damaged or defective increasing the risk of any virus spread	3	5	15	<p>PPE to be provided and worn as instructed.</p> <p>Staff to be trained in donning and doffing of PPE where it is</p>	2	2	4
Contamination and assault	Volunteer to always stay with GP	3	3	9	<p>Ensure that the table and chairs are disinfected before use and at the end of the session. Anti-viral commercial cleaner provided.</p> <p>Chairs and tables must of a type that can be easily cleaned.</p>	3	2	6
					<p><b>Disposable gloves</b>        Single use to protect you from contact with residents' body fluids and secretions.        Vinyl gloves provide sufficient protection for the majority of duties in the care environment, providing the correct size of glove is chosen according to the wearer's hand size. If there is a risk of gloves tearing, or the task requires a high level of dexterity, or requires an extended period of wear, then an alternative better fitting glove (for example, nitrile) should be considered.        If a change of gloves is required during a task because the glove is</p>			

					<p>torn or punctured, then hand hygiene is needed after removal of the original gloves. Hands should be thoroughly dried to make the donning of new gloves easier.</p> <p><b>Disposable plastic apron</b>          A disposable plastic apron is required. They are for single use and to protect you from contact with residents' body fluids and secretions.</p>			
<p>Sharps used for vaccine.          Assault / Use of Sharps</p>	<p>Incorrect handling and storage of waste potentially leading to contamination and/or injury.</p>	3	3	9	<p>GP accepts responsibility of the security of sharps in transportation, at the clinic and at the point of disposal Sharps will be always kept with the GP under the gazebo at the clinic.</p>	3	2	6
	<p>The GP will bring their own sharp bins and product disposal. GP will also deal with clinical waste and sharps and the security of any medical products used in the course of their work.</p>	3	3	9	<p>Other waste will be disposed of in the usual way unless it is from cleaning.</p> <ul style="list-style-type: none"> <li>▪ Wear disposable gloves &amp; aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.</li> </ul>	3	2	6

Dated: 7<sup>th</sup> October 2022

Assessed by: CEO Meryl Prail

- What in your opinion are the barriers to increasing uptake in this clinical risk group?
- What factors do you think would facilitate improvements in uptake in this clinical risk group?
- Are there particular factors that should be considered when making recommendations to this group?

### **Outreach Vaccination Service for Underserved Populations**

The term medically underserved in England is applied to populations who experience difficulties accessing routine health care services including essential vaccinations.

Homeless people internationally are at increased risk of influenza due to high rates of smoking, chronic lung disease, other co-morbidities, poor nutrition, and crowded living conditions. Our work has demonstrated that homeless people have high levels of chronic health problems predisposing them to severe complications of influenza, but vaccine uptake levels that are less than half those seen among eligible GP patient groups in England.

Current estimates of the proportion of homeless people accessing influenza vaccination who are considered eligible due to a known clinical risk criteria are likely to underestimate the total proportion who are eligible due to high risk of undiagnosed health conditions in this population.

Many health programmes in developed economies routinely offer influenza vaccination to people who are homeless in recognition of their increased risk of severe complications and due to the public health consequences of congregating in confined airspaces.

**Service barriers:** The principal barrier and cause of exclusion for homeless people, irrespective of existing diagnosed clinical risk conditions, is the low levels of access to and uptake of routine primary care appointment based, services. We have been successful in increasing access to influenza vaccinations for homeless people in Newbury by adopting the following service model and approach

- a) Outreach – Providing accessible outreach clinics at Newbury Soup Kitchen v held at The Salvation Army Hall Northcroft Lane, Newbury Berkshire, RG14 1BU. This will be Thursdays 6-7pm. Influenza vaccination is now routinely offered annually to all clients accessing the service. This outreach model could be readily incorporated into the routine work of health providers working with homeless and vulnerable populations. Our vaccination clinic will offer flu vaccines to our volunteers outside the standard eligible criteria. In voucher for or on the night outreach is carried out.
- b) This service is in collaboration with Public Health and Health Watch West Berkshire.

- b) On-the-spot / No appointment: Offering vaccination opportunistically. Appointment based systems are a significant barrier to homeless people. Wherever possible providers should aim to outreach onsite vaccination services to facilities where homeless populations are either resident or attending for other services and support.
  - c) Staff attitudes: Many homeless people have got poor experiences of trying to use health services and this is commonly cited as the major reason for avoiding contact with health professionals unless in emergency.
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- a) **Stigma / misinformation:** As in the general population, homeless and vulnerable people demonstrate low levels of awareness of the importance of vaccination and a range of misinformation that can deter people from accepting the offer of vaccination.
  - b) Our work at NSK has found the key reasons for reluctance / refusal are that the vaccine will cause flu; that the vaccine does not work; that the vaccine provides protection beyond one year; that the person is immune therefore not at risk: more extreme examples such as vaccination causes sterility. It is important, as in all vaccination efforts, to ensure that staff can provide clear and reassuring information. This information is often best provided through fellow homeless clients / peers who can act as local flu champions and promote awareness and uptake.
  - c) **Trust and engagement:** Providers should involve homeless people wherever possible in the design and delivery of targeted vaccination programmes. We have found that we can achieve higher rates of vaccine uptake by using conversation and reassurance.

#### Factors that facilitate improvements in uptake in this clinical risk groups?

- Outreach (See above)
- Integration - opportunistically offering vaccination alongside other planned and unplanned health and food provision.
- Whole team approach – NHS providers should pro-actively engage health and social care professionals who work with homeless people and provide information and awareness resources. It is essential to have clear and consistent messages and multiple offers of vaccination where possible to promote high uptake
- Right attitude –
- Word of mouth – this is often the most effective means of disseminating health messages and addressing stigma, misinformation and concerns among homeless people. People who have accepted vaccination should be asked to encourage others to come forward.
- Documentation and information sharing - Providing simple vaccination handheld records can be effective.

High rates of existing clinical risk conditions and low vaccine uptake among homeless people is a clear example of the huge gap in medical care for this cohort. NSK work with Public Health West Berkshire and Health Watch to improve this. Local commissioners have a duty to address health inequalities and integrate services and should be encouraged to support local NHS staff and NSK staff and Volunteers in the design and delivery of appropriate targeted influenza initiatives to ensure that underserved populations are able to benefit from vaccination.