

Provision of Flu Vaccination For BrisDoc Staff

Version:	Owner:	Created:
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Published:	Approving Director:	Next Review
14/09/2026	Rhys Hancock (Director of Nursing, AHPs and Governance)	01/10/2027

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Introduction

This SOP outlines the process of ordering, storing, organising and administering the seasonal flu vaccine to all Brisdoc staff in a safe and effective manner. The objectives include:

- Vaccines are ordered, stored and administered safely for Brisdoc staff in the provision of this service and in accordance with national guidance.
- Promote attendance and advocate Brisdoc staff to be vaccinated
- Staff delivering this service are fully trained in vaccine administration, anaphylaxis, and BLS.
- A process for communication and record keeping between vaccinated Brisdoc staff and their respective GP practice.

Rationale for Flu Vaccinations

Flu is not just a heavy cold. Flu occurs every year, usually in the winter. It's a highly infectious disease with symptoms that come on very quickly. Colds are much less serious and usually start gradually with a stuffy or runny nose and a sore throat. A bad bout of flu can be much worse than a heavy cold.

The most common symptoms of flu are fever, chills, headache, aches and pains in the joints and muscles, and extreme tiredness. Healthy individuals usually recover within 2 to 7 days, but for some the disease can lead to hospitalisation, permanent disability or even death.

The flu viruses can change from one winter to the next. Flu vaccines are updated for each winter to give protection against the strains of flu that are most likely to be going around. If you had the flu vaccination last year, you need another one this year.

Also, protection from flu vaccination goes down with time so even if some of the strains are the same you should have a flu vaccine again each flu season.

The vaccine should provide protection throughout the current flu season.

Responsibilities

Brisdoc Co-owner vaccines only

Clinical Lead for Flu Vaccination

The clinical lead for the provision of flu vaccines for Brisdoc staff will be Rhys Hancock, Director of Governance, Nursing & AHPs for Brisdoc.

Vaccine Administration Team

The service will be delivered by a registered nursing team.

The clinician will be trained in the administration of the flu vaccination, infection prevention and control, anaphylaxis, and basic life support. The nursing team will be responsible operating under Patient Group Direction and the written instruction.

The Vaccine Administration team will ensure the safe administration of flu vaccines including ensuring compliance with cold chain.

This includes liaising with the Vaccine Management Team.

Vaccine Management Team

The vaccine management team will consist of the People Team, Lead Nurses in Practice Services, Marketing, Communications Lead & Digital Developer, and Head of Nursing & Allied Health Professionals for Severnside.

The Vaccine Management Team will ensure the service is publicised and accessible. They will also organise rooms in venues suitable for staff vaccination and smooth implementation of this SOP and encourage high uptake from staff.

This includes liaising with Vaccine Administration Team.

Brisdoc Co-owners

All Brisdoc employees will be eligible for a flu vaccine unless there are known contra-indications or side effects declared by the co-owner that deem a flu vaccination inappropriate.

Flu Vaccine Process

Ordering Flu vaccines

Charlotte Keel Medical Practice (CKMP) order vaccines a year in advance from Seqirus. There will be a known volume to be ordered taking into account the practice caseload.

Adults: <https://www.flu360.co.uk/homepage>

Staff vaccines will be incorporated into the volume of flu vaccines ordered for the CKMP. Approximately 50 vaccines are estimated to be required which is 10% of the workforce.

This will be reviewed on an annual basis as it will be easier to estimate in coming years given the year-on-year trend.

Communications and Booking co-owners

Flu communications to be started in September and available through Radar.

Brisdoc co-owners will be able to self-book slots through a link on an individual email. Individual e-mails will be sent in a timely manner advertising venues and available timeslots. The service will also be publicised in the BrisDoc and Clinical newsletters.

A document with pre-screening data can be provided which individuals should complete while booking on. See Appendix One.

Each slot duration will be 10 minutes.

There will also be slots available for both Broadmead and Charlotte Keel clinics published.

The Radar page will facilitate booking in sessions and send timely reminders. It will also report on numbers of co-owners seeking flu vaccines through Brisdoc and other avenues.

Written Instruction for Vaccine Administration Team/ Vaccinating Clinician

Completed each year and signed by staff members who will be administering vaccines to staff. The written instruction will be approved by a registered Doctor within BrisDoc (Medical Director/Deputy Medical Director).

Example written instruction can be found here:

[Y:\Enhanced Services\2024-25\Flu\Written-Instruction-Template-FINAL-24-25-NHSLA-June-24-FINAL.docx](#)

Storing and Moving Vaccines

The vaccine will follow the cold chain process as outlined in Medicines Management Policy.

The vaccines when being transported from CKMP to must be removed from fridge and placed in cool box at the latest opportunity to minimise the length of exposure time out of fridge and to ensure cold chain is maintained. Vaccines must be transported using large medical cool box with Ice Packs. Batteries must be inserted at beginning of use. The cool box has an internal thermometer that will continuously monitor temperature so any temperature excursion can be monitored and correctly managed. Any unused vaccinations must be placed back into fridge and labelled as 'Use First' to reduce vaccine wastage.

Staff vaccines administered in Osprey will be using a portable refrigerator which can be used in a car and on premises.

<https://www.shoreline-medical.co.uk/product/smp65-portable-medical-refrigerator/>

Vaccine Administration

Dates of vaccination

A variety of days, times and locations will be made available to ensure as broad a reach as possible.

Location of flu clinic

The venue will ideally be a clinical room or have access to an area for removal of upper garments, a seated waiting area, toilets, table and chairs and sink for hand washing. A risk assessment is enclosed regarding IPC and handwashing in Appendix Three.

List for the day

A printed list via Excel will be provided on the day by accessing the relevant spreadsheet which would be populated by staff self-booking. Individual pre-screening data will be available to the Vaccine Administration Team.

On the Day

The room and equipment set up will be co-ordinated and implemented by Vaccine Management Team and Vaccine Administration Team.

Set up will include the equipment listed in Appendix two. CKMP has clinical room facilities.

Written consent and allergies / contraindications

The Vaccine Administration Team will re-check pre-screening data and triage each member of Brisdoc staff. The Brisdoc Staff member will consent verbally and sign a consent form. Appendix one.

The consent document will include the vaccination administered, Batch number, Expiry date and Patient Information Leaflet (PIL) will be given to each Brisdoc staff member.

It is the responsibility of the Brisdoc member of staff to notify their own GP.

Commented [RS1]: Please check detail

Commented [RS2R1]: Should this be in the vaccine storage policy?

Commented [DT3R1]: Yes please see my comment in email.

Protocol for Complex People / Contraindications

Consideration of under 18 / complex medical history. This may include the use of nasal vaccinations. This will be managed clinically on a case-by-case basis by the vaccine administration team.

Commented [RS4]: Unsure what to say - refer to own gp?

Commented [DT5R4]: We have given nasal flu to under 18s previously

Managing adverse reactions to vaccine

The Vaccine Administration Team will have access to adrenaline for anaphylactic shock (e.g. EpiPen (or similar) Adrenaline Auto Injector 0.3 mg adult can be used).

NOTE: This can be injected without the need of a PGD.

Serious reactions to vaccines occur in approximately one per million vaccine doses.

Early symptoms indicating serious anaphylactic reaction:

- Flushing (warmth and redness of the skin)
- Itching (often in the groin or armpits), hives
- A feeling of "impending doom", anxiety
- Rapid and/or irregular pulse, often difficult to feel (via brachial/carotid arteries)
- Low blood pressure (light-headedness), loss of consciousness
- Breathing difficulties (dyspnoea) due to laryngeal spasm

If a suspected anaphylactic reaction occurs:

- 1) Quickly give treatment in accordance with the product SPC (for example EpiPen below):
 - Inject the EpiPen® auto injector (0.3 ml equal to 0.3 mg) into the anterolateral (upper outside quadriceps muscle) aspect of the thigh, through clothing if necessary
- 2) In the absence of clinical improvement or if deterioration occurs after the initial treatment, a second injection with an additional EpiPen® auto injector may be necessary. The repeated injection may be administered after about 5 minutes
- 3) Call 999 and request an ambulance
- 4) Ensure the person's General Practitioner is informed as soon as possible.
- 5) A learning event will be submitted.

Documentation for co-owners

All co-owners will receive proof of vaccination with the vaccine type, dose, batch number and date.

It is the responsibility of the co-owner to pass this information on to their own GP practice.

Incident Management, Reporting, Complaints and Safeguarding

All incidents regarding this SOP need to be referred to Governance team via a Learning Event.

Complaints in the first instance are to be directed to the Governance Team and will be managed in line with Complaints Policy.

Any safeguarding concerns will be addressed BrisDoc Safeguarding policy.

Future Flu Plans

There are discussions to have a flu vaccine stored in a Severnside dedicated portable refrigerator which will alleviate the time pressure to take vaccines back to Charlotte Keel. There are also discussions to have a dedicated vaccine team in Severnside in the form of the Leads. These will be considered once data and second round of flu vaccinations are implemented.

Version Control

Date	Version	Author	Change Details
01/10/2025	Version 1	Danielle Townsend/Jodie Godfrey & Renuka Suriyaarachchi	New SOP
29/05/2026	1.1	RS	Update risk assessment for handwashing and Communications

Appendix One – Consent and Admin Record

INFLUENZA VACCINE CONSENT FORM AND ADMINISTRATION RECORD

Personal Information (PLEASE PRINT)

NAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____ SEX: M F

CITY: _____ STATE: _____ ZIP: _____

I have read or have had explained to me the Vaccine Information Statement about influenza and the influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request (parent or guardian).

SIGNATURE: _____ DATE: _____

PLEASE CIRCLE YOUR ANSWER TO THE FOLLOWING QUESTIONS:

- | | | |
|--|----|-----|
| 1. Have you received the flu vaccine before? | NO | YES |
| 2. Did you have any problems with previous flu shots? | NO | YES |
| 3. Do you have allergies to eggs or Thimerosal preservative? | NO | YES |
| 4. Are you ill today? | NO | YES |
| 5. Do you have a history of Guillain-Barre Syndrome? | NO | YES |
| 6. Do you suffer from asthma? | NO | YES |
| 7. Do you have any immune deficiency disease? | NO | YES |
| 8. If you are under age 9, have you received the flu vaccine before? | NO | YES |

Lot Number _____ Expiration Date _____

Location of Immunization: Arm: L R Leg: L R



Staff Name		
Place of work		
Date of Birth		
Age		
Are you well today?	YES	NO
Any allergies ?	YES	NO
Any reaction to previous vaccines?	YES	NO
Are you allergic to Egg?	YES	NO
Consent given for vaccine to be administered.	Signature	
	Name printed	
Date vaccine Given		
Vaccine & Batch Number		
Expiry		
Administered by	Signature	
	Name Printed	

NAME	DATE OF BIRTH	DATE FLU VACCINE GIVEN	LOCATION
			WORKPLACE

			Bris Doc Healthcare services
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NAME	DATE OF BIRTH	DATE FLU VACCINE GIVEN	LOCATION
			WORKPLACE Bris Doc Healthcare services

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			WORKPLACE Bris Doc Healthcare services

Appendix Two - Equipment List

- Vaccine fridge
- Vaccines
- Cotton Wool Balls
- Spot Plasters
- Small sharps bins
- Disposable scissors
- Face Masks
- Hand sanitiser
- Gloves
- Aprons
- Goggles
- Clinical Waste bags
- Mobile phone
- Laptop
- Wi-Fi hot spot
- Sphygmomanometer - Blood pressure
- Blood Glucose machine
- Pulse oximeter
- Thermometer
- Vaccine MiniPorter™
- Vaccines
- Epi- pen/ adrenaline
- Scrubs
- Resuscitation bag
- Pre-screen form with consent, vaccine details
- PIL leaflet
- Pens
- Vaccine transport bags and cool packs
- Refrigerator with thermometer and auditing sheet for temperature
- Screen to divide room

Commented [R56]: Do we have these - facilities?

Commented [R57]: Check with Kath

Appendix Three – Risk Assessment

Guidance for Undertaking a Risk Assessment

A risk assessment is a careful examination of what could cause harm to people, the environment, the organisation etc., to enable a review of whether enough precautions are in place or whether more can and should be done to prevent harm.

BrisDoc has a legal responsibility to identify and categorise risks and either eliminate or reduce them to the "lowest level that is reasonably practicable".

The 5 steps in the risk assessment process are:

1. Identify the hazard
2. Decide who or what might be harmed and how
3. Evaluate the risks and take action to prevent them where possible
4. Record your findings on the Risk Assessment Form and communicate the risks and control measures to those who need to know, including adding details to the Risk Assessment Log
5. Review the assessment
 - The Overall Risk Score is the highest total number for an individual risk

The level of risk associated with each hazard is assessed in accordance with the Risk Scoring Matrix. This identifies both the severity of the hazard and its likelihood of occurrence. The aim of the risk scoring is to systematically establish relative priorities. The purpose of risk management is to determine what will be done and who will be responsible for the risks that have been identified. Risk management converts the risk assessment into an action plan.

It takes time to plan and implement change. A robust monitoring and review system is essential to ensure actions are followed through, and priorities are re-assessed, so that risk management is an ongoing process that is embedded into normal management processes. Ensure that when undertaking the assessment, the details of the date of the review and the people who will be undertaking the review are documented and this process is followed through.

Once complete, details of the Risk Assessment need to be included within the Risk Assessment Log and a headline added to the Risk Register via the corporate.administrator@nhs.net.

Please use the second page of the template to gather details of the headline risk.

Risk Assessment Matrix

Severity/Consequence of event occurring

Description	Category	Risk to patient, staff, business
Catastrophic	5	Incident leading to death, non-delivery of business objectives, event which impacts on large number of patients/staff, multiple breeches to statutory duty, prosecution, national media coverage/total loss of public confidence, >25% over project budget/loss of >1% of budget, loss of contract, 1day loss of service.
Major	4	Major injury leading to long term incapacity, significant harm to patient, >14days off work, uncertain delivery of business objectives, enforcement action/multiple breeches of statutory duty, uncertain delivery of service due to lack of staff, national media coverage, 10-15% over project budget/loss of 0.5-1% of budget, >12hrs interruption to service.
Moderate	3	Moderate injury requiring professional intervention, some harm to patient, 4-14days off work, unsafe staffing level, single breach of statutory duty, local media coverage/long term reduction in public confidence, >8hrs interruption to service, 5-10% over project budget/0.25-0.5% loss of budget, late delivery of business objectives.
Minor	2	Minor injury, minimal harm to patient, low staffing reduces service quality, breach of statutory legislation, local media coverage/short-term reduction in public confidence, >1hr interruption to service, <5% over project budget/loss of 0.1-0.25% of budget, minor impact on business objectives, >3days off work.
Negligible	1	Minimal injury, no harm to patient, no time off work, no/slight impact on business objectives, insignificant cost increase/financial loss, rumours, <30mins interruption to service, <1 day shortage of staff, no/minimal breach of statutory duty.

Likelihood of event occurring

Almost certain	81% -100% likelihood of occurrence	5	Will undoubtedly happen/recur, possibly frequently
Likely	51% - 80% likelihood of occurrence	4	Will probably happen/recur but is not a persisting issue
Possible	21% - 50% likelihood of occurrence	3	Might happen or recur occasionally
Unlikely	6% - 20% likelihood of occurrence	2	Do not expect it to happen/recur but possible it may do so
Rare	0% - 5% likelihood of occurrence	1	This will probably never happen

Score the risk

	Severity of Consequence					
Likelihood	Almost certain	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Catastrophic

The risk score = severity x likelihood

