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The Project Surgery
Drive Thru Childhood Immunisations clinic
28.4.20

Background

During the covid19 outbreak we need to ensure we have minimal face to face contact with each other as this can spread infection.

We need to ensure our parents/carers and child patients have minimal face to face exposure.

We need to ensure that our practice nurses have minimal contact with patients.

We need to ensure that coverage rates for immunisations remain high to prevent resurgence of other infectious diseases

Aim

Reduce face to face contact from 10 minutes to 2 minutes for childhood immunisations administration

Ensure practice nurse is still able to work safely and a high quality service is still delivered to our patients

QI Tools

Using Process Mapping and PDSA Quality improvement tools, reception manager, nurse, healthcare assistant and lead GP devised the process.

1.Immunisation administrator to proactively ring parents to invite for vaccinations, emphasise importance of protecting children and ask parents to come in car if possible or bring a pushchair.

Parents advised to ring the practice on arrival and park just outside the front garden of the practice.

2.Once arrived, practice nurse phones parents to conduct the first part of the consultation including what vaccinations are given, potential side effects, symptoms to look out for post vaccination. The nurse undertakes a phone assessment of the child including asking about fever.Practice nurse informs parents to sit in passenger seat of car with baby (or keep baby in pushchair and wait in front patio garden on 2m distance signage on ground) Nurse informs parents to expose baby's/child's thighs when they see her appear at front door which is visible from garden and parking space

3.Practice nurse takes out vaccines from fridge and draws up injections immediately before going out of the building and places in disposable kidney dish along with cotton wool and tape.

4.The nurse is always accompanied by an administrator assistant who will hold the kidney dish and have a portable sharps bin with them. The anapylaxis kit is also taken out. In the event of any adverse reaction the adrenaline is administered in the car/pushchair and the assistant will get the GP in the building to come to the car/pushchair.

5. The nurse assesses the child in the car/pushchair and then administers the vaccines. The parent/carer will position the child as per the nurse's instructions.
6. After the vaccines are administered, the parents wait for 5 minutes in the car/by pushchair to ensure there is no anaphylaxis.
7. The electronic records are filled in without the parents present when the nurse is back in the building using the EMIS CEG template to include batch numbers of vaccines, site of injection and expiry dates.
8. The red book (child health record) is not filled in by the nurse. Instead, the electronic record childhood immunisation template is sent electronically to the parents (via accuRx) as is the date of next appointment if needed. The parents/carers can manually copy the records into the Red book or they can keep a copy of the computer consultation in the Red book. The importance of having the information in the Red book, either with a copy of the computer records, or handwritten by the parents from the computer records, is explained by the nurse.
9. The nurse and assistant will wear PPE of gloves, apron, surgical mask and goggles. The parent will be given a face mask.
10. A GP is on site at all times as per normal during vaccination clinics.