



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

COVID-19 Vaccination Centres

OVERVIEW OF GENERAL REQUIREMENTS AND LOCATIONS

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Context

Vaccine administration is currently limited only by the availability of approved vaccines, which is dependent on manufacturers meeting their supply commitments. The HSE has engaged in creating an expanded vaccination infrastructure for the management and administration of vaccine products with different handling and delivery requirements.

All centres are expected to be operational by mid to late April in advance of the need to match vaccine supply, which, based on current information is expected to peak in Quarter 2.

The HSE has developed a vaccine rollout programme that is flexible in order to respond to what is an evolving situation internationally. The vaccination process is an iterative one, and is sufficiently agile to adapt and change as the rollout continues.

Context

In determining locations for vaccination centres, consideration was given by the HSE in a broad sense to population densities and profiling of age groups by location, and accessibility to location, using CSO Census population data. The HSE then identified a number of potential facilities within each region/locality, which were surveyed against a standard national specification for vaccination centres. The details of these specifications are contained within this document.

Final decisions on venues were made based on criteria set out in this document. The utilisation of the vaccination centres will be dependent on staffing and vaccine availability.

Centres will be of varying sizes reflecting local population needs and the availability of appropriate facilities in particular locations. The largest centres will have 30-50 booths and the capacity to deliver between 3,000 and 5,000 vaccinations across an extended day. Other centres will typically have 10 or 20 booths and will have the capacity to deliver between 1,000 to 2,000 vaccinations per day.

General Requirements

At a minimum, the following facilities will be made available for all staff and members of the public:

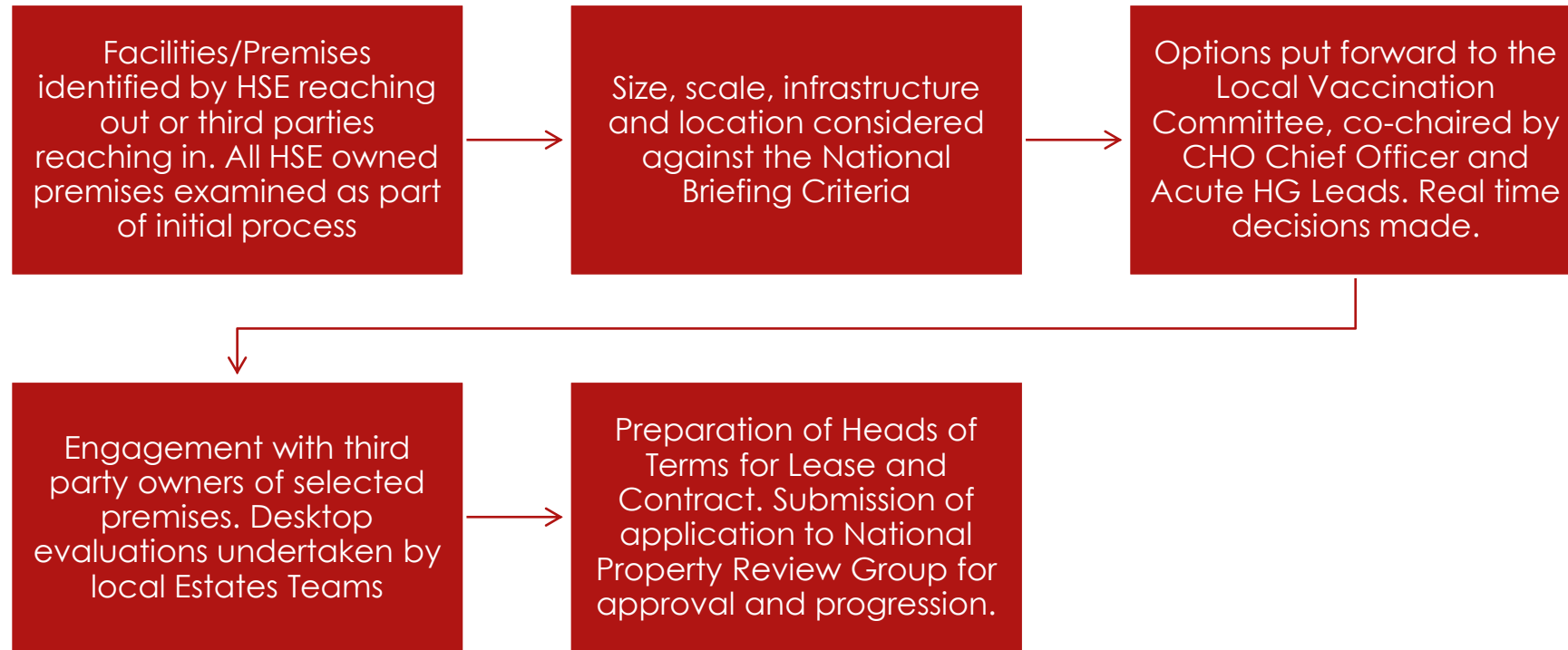
- Parking
- Wheelchair access
- Toilet and changing facilities
- Catering arrangements for staff working at the venue

Venue Suitability

In terms of suitability of venue for Vaccination Centres, the following non-exhaustive list is proposed:

- Centralised, accessible location
- Suitable internal space to set up Vaccination Centre (availability of a large function room)
- Secure storage facilities
- Accessible by public transport
- Adequate power and lighting
- Availability for the period required

Venue Decision Making Process



Venue Fit-Out Requirements

Each vaccination centre shall be fitted out with the following minimum requirements:

- Registration / Reception area
- Administration area
- Waiting area with the capacity to maintain social distance
- Vaccination booths
- Observation area with nurse station
- Clinical assessment area
- Secure storage area
- Secure clinical waste storage area

Vaccination Booths

Vaccination booths will be constructed to a standard agreed specification:

- Booths should be approximately 4m wide x 2m deep x 2.5m high
- All visible surfaces should be sealed, cleanable in accordance with clinical standards (not painted)
- Structures should be Class 0 fire rated and surface materials must be at least Class 1 fire rated.

Equipping of Vaccination Booths

In addition to the wall structure each vaccination booth will require:

- 1 table (sealed surface)
- 2 chairs (sealed surface)
- 1 hand sanitizer
- 1 sharps bin
- 1 general waste bin 20 litre
- 1 clinical waste bin per 5 vaccination booths positioned on the corridor
- COVID-19 information poster
- Individual number



Registration Desk Requirements

A registration area will be required in each centre, the size of which depends on the number of Vaccination Booths being used in each location.

The following is a guide:

Desk should be 2m wide x 1m high x 500mm deep.

Desk construction from sealed easy clean material.

High seat with a back rest, easy clean

Lockable storage under desk

Perspex safety sneeze guards to protect staff

Power supply to each desk installed by desk supplier.

Phone access required at each desk

Hand sanitiser (freestanding) at each desk



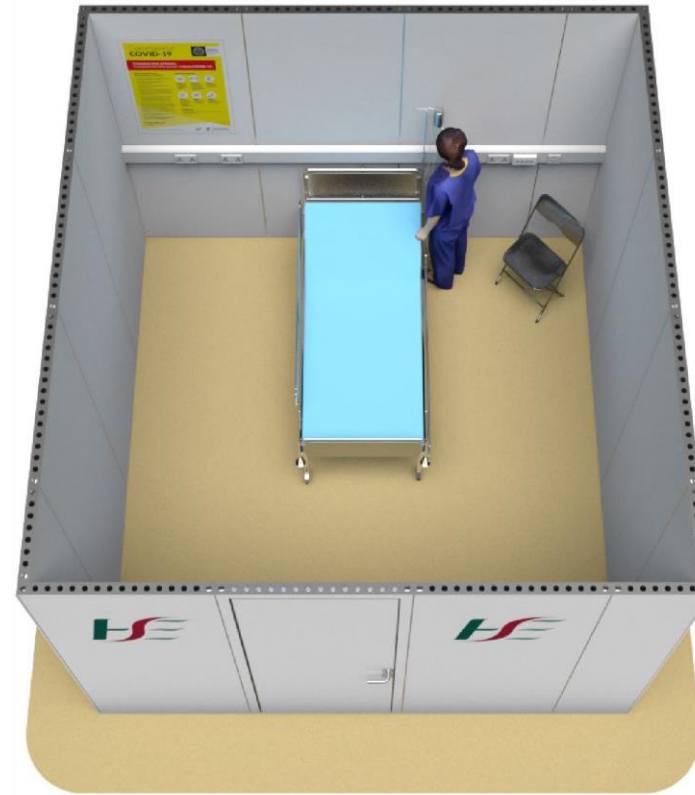
Desk Ratio to Vaccination Booths:

- 6 desks per 10 Booths
- 12 desks per 20 Booths
- 16 desks per 30 Booths
- 20 desks 40 / 50 Booths

Clinical Assessment Room

Each Vaccination Centre will require a Clinical Assessment Room to treat patients who may fall ill onsite.

- Rooms should be approx. 4m x 4m x 2.5m high with a clear opening of 900mm for stretcher access
- Structures should be Class 0 fire rated and surface materials at least Class 1 fire rated
- All visible surfaces should be sealed and cleanable (not painted)
- Each room will require electrical trunking with 4 wall mounted sockets per room at a max height of 1100mm to centre of plugs
- All rooms will have 1 LED light which can be switched from the trunking location
- A lockable press and treatment plinth will be provided in addition to standard booth equipment



Clinical Assessment Room Ratio to Vaccination Booths:

- 1 room per 10 booths
- 2 rooms per 30 booths
- 4 rooms 40 / 50 booths

Vaccination Preparation Room

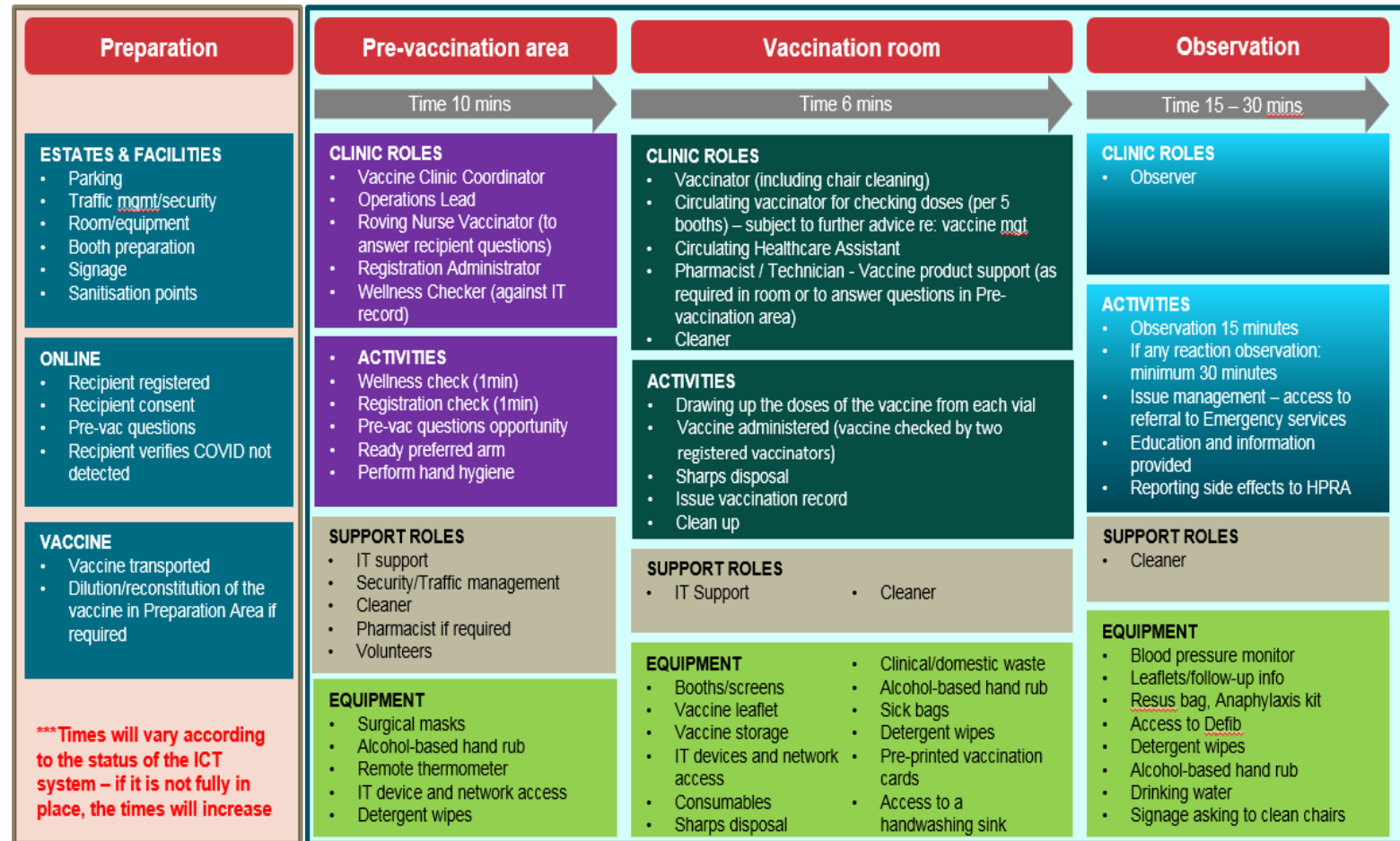
Each vaccination centre will require a secure vaccine preparation room to store and manage the vaccine.

- Rooms should be lockable and approx. 4m x 4m x 2.5m high with a locking door for 10 booths, or 4m x 6m x 2.5m high for 20 booths and 4m x 8m x 2.5m high for 30 to 50 booths
- All visible surfaces should be sealed and cleanable, (not painted)
- Structures should be Class 0 fire rated and surface materials must be at least Class 1 fire rated
- Each Vaccination Preparation Room will require enclosed electrical trunking with 8 sockets per room which will be wall mounted at a max height of 1100mm to centre of plugs.
- 1 – 3 computer terminals will be required in this area, in addition to standard equipping



Service Provider Vaccination Pathway

Overview of the proposed service provider pathway outlining preparation, pre-vaccination area, vaccination booth and observation area

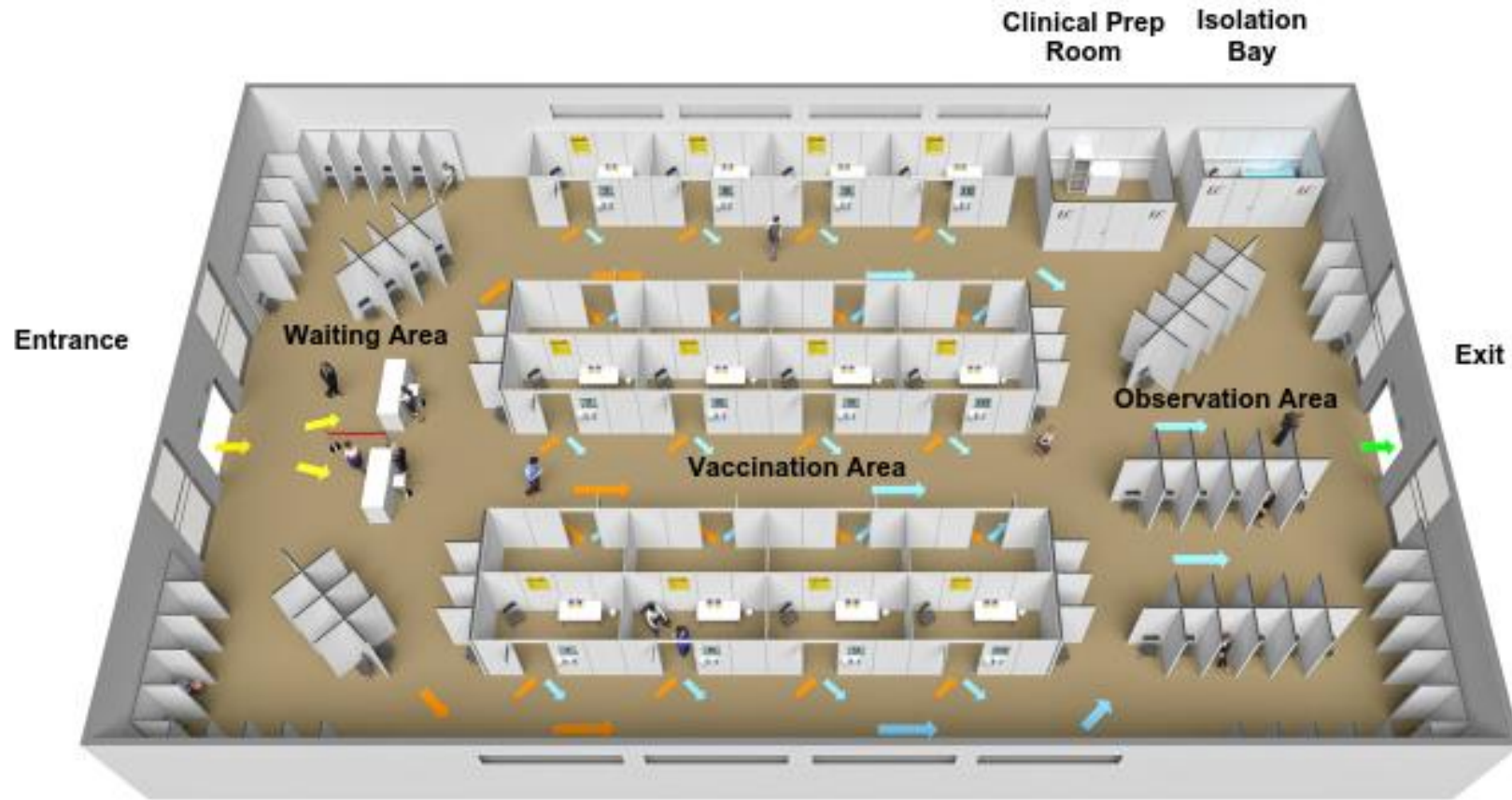


Vaccine Throughput Estimations

- ▶ At the outset, vaccination booths are expected to operate at a rate of six per hour
- ▶ This is expected to increase to between ten and twelve per hour when the ICT system is fully deployed and operations streamlined

	Assume 10 Vaccinations per Vaccinator per hour	Total Hours worked per day	Estimated Totals per day
10 Vaccination Booth Model	100	10	1,000
20 Vaccination Booth Model	200	10	2,000
30 Vaccination Booth Model	300	10	3,000
50 Vaccination Booth Model	500	10	5,000

Vaccination Model



Resource Requirements

Resource requirements will be adjusted depending on the scale of each vaccination centre, and to facilitate the safe and efficient administration of the vaccine.

Area	Role	Estimated Totals per day
Preparation	Set Up and Security Personnel	4
Pre-Vaccination Area	Clinical Lead, Senior Vaccination Nurse, Registration Admin, Wellness (Nurse Checker)	14
Vaccination Room	Pharmacist, Vaccinators, Circulating Vaccinator, Healthcare Assistant	29
Aftercare	Observation Staff	1
Support	IT Support and Cleaning Personnel	2
Total		50

*Approximate and based on a 20 Booth Vaccination Model

CHO	Booths	Map Name	Eir Code	New Location	Site Rental Costs March to September	Site Construction Costs and Equipment Hire March to September	New Booth Capacity	Licence Extension Date
CHO2	40	Galway Racecourse	H91V654	Remaining in Racecourse with reduced capacity	€299,000	€210,000	20	1st December 2021
CHO1	10	Hillgrove Hotel	H18 RK15	Monaghan General Hospital	€200,200	€128,000	10	No Extension available
CHO3	46	Raddison Blue Hotel	V94 K858	Limerick Racecourse	€354,960	€180,000	46	31st October 2021
CHO4	30	Páirc Uí Chaoimh	T12 PF30	No Change	€238,388	€258,000	30	1st December 2021
CHO4	30	City Hall Cork	T12T997	No Change	€0	€298,000	30	1st December 2021
CHO2	10	Abbey Hotel Roscommon	F42 F992	Kilbride Community Centre (Boyle Road)	€214,240	€27,000	10	1st December 2021
CHO5	40	WIT Arena	X91 XD96	No Change	€437,000	€271,000	20	1st December 2021
CHO1	40	Sligo IT	F91WFW9	No Change	€26	€235,000	20	11th October 2021
CHO7	50	Citywest Convention Centre	D24 A38Y	No Change	€640,000	€320,000	50	31st January 2022
CHO4	40	MTU Campus Melbourn Building	T12 P594	No Change	€112,000	€336,000	25	25th September 2021
CHO9	50	Helix Theatre DCU	D09FW22	Swords Convention Centre	€428,684	€560,000	40	31st January 2022
CHO8	40	International Arena AIT	N37 A3W4	No Change	€291,200	€386,000	20	Discussions on extension of time
CHO1	10	Kilmore Hotel	H12 F6Y7	No Change	€291,200	€156,000	10	31st October 2021
CHO1	30	Letterkenny Institute of Technology	F92RW3F	No Change	€26	€225,000	20	11th October 2021
CHO1	10	Primary Care Unit	N41E3C9	No Change	€0	€0	10	31st January 2022

CHO2	25	Breaffy House Resort	F23TN97	No Change	€247,000	€75,000	25	31st January 2022
CHO4	25	Kerry Sports Academy	V92 HD4V		€156,300	€174,000	25	20th September 2021
CHO3	25	West County Hotel Ennis	V95 C9CT	No Change	€273,000	€120,000	25	28th November 2021
CHO3	20	Abbeycourt Hotel Nenagh	E45 KA99	No Change	€268,800	€92,000	20	12th October 2021
CHO4	15	Mallow GAA Club	P51XV58	No Change	€204,800	€132,000	15	1st December 2021
CHO4	25	Killarney Sports & Leisure Centre	V93 FP92	No Change	€178,400	€451,000	25	12th October 2021
CHO4	10	Clonakilty GAA Club	P85 WN84	No Change	€48,000	€65,000	10	1st December 2021
CHO4	15	Bantry Primary Care Centre	P75Y673	No Change	€0	€25,000	15	1st December 2021
CHO8	10	Bloomfield House Hotel	N91 HP8E	No Change	€146,000	€108,000	6	28th November 2021
CHO5	15	Cillin Hill Conference Centre	R95 T294	No Change	€186,342	€118,000	10	11th October 2021
CHO5	10	The Clonmel Park Hotel	E91 XON7	Kent Engineering Building available from September 21 as Vaccination Centre until Dec 22.	€310,206	€116,000	10	1st December 2022
CHO5	10	Riverside Hotel Enniscorthy	Y21 T2F4	CWCW Cetre Enniscorthy	€127,400	€180,000	10	1st December 2021
CHO5	10	Carlow IT	R93V960	No Change	€224,000	€131,000	10	Discussions on extension of time
CHO6	10	Shoreline Leisure Centre	A63HD25	No Change	€187,100	€195,000	10	11th October 2021
CHO6	12	Aarklow Bay Hotel		Kilanerin Community Centre	€156,800	€127,000	12	1st December 2021
CHO7	20	Punchestown Racecourse	W91 VCX4	No Change	€580,000	€280,000	25	1st December 2021
CHO8	10	Midlands Park Hotel Portlaoise	R32 KV20		€99,736	€124,000	0	31st August
CHO8	10	Simmonstown GAA Club Navan	C15N61X	No Change	€250,250	€164,000	10	31st October 2021

CHO8	10	Tullamore Court Hotel	R35 D406	Muckla Community Centre	€267,000	€118,000	10	1st December 2021
CHO8	10	Fairways Hotel	A91 E6KC	No Change	€81,900	€156,000	10	31st October 2021
CHO8	10	Clonguish GAA Club	N39 A4E7	No Change	€48,000	€86,000	10	31st October 2021
CHO9	10	Drogheda DIFE Centre		No Change	€0	€25,000	10	Confirmed until 13th of September.
CHO9	10	Croke Park	D03P6K7	No Change	€56,000	€180,000	10	31st October 2021
CHO6	30	UCD		No Change	€145,000	€98,000	30	4th October 2021
CHO8	25	Fairyhouse Race Course		No Change	€220,000	€235,000	25	31st October 2021
CHO6	30	Aviva Stadium	D04 K5F9	No Change	€367,188	€285,000	30	Dscussions on extension of time
Totals	888				€8,336,146	€7,450,000		

Site Rental	€8,336,146
Site Build Equipment rental	€7,450,000
Builders Works	€750,000
Medical Equipment	€620,000

Total	€17,156,146
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Dose 1 walk-in vaccination clinic approach

Walk-in vaccination clinics enable people to receive a vaccination without receiving a pre-scheduled appointment. This document provides guidance and learning based on the initial piloting of this approach, to provide vaccinations to people who have not previously received a dose 1 vaccination.

Walk-in clinics vary by their type of facility:

- using **existing clinic facility** to provide a slot for walk-in recipients
- creating a **temporary facility** to provide a local walk-in clinic
- *e.g. alongside a popular event, in an underserved location*

This document proposes an initial approach for walk-in vaccination clinics, building on the knowledge gained with running CVC facilities. It covers:

- 1.0 Key assumptions for walk-in clinics
- 2.0 Pathway and process changes
 - 2.1 High-level pathway for recipients and clinics
 - 2.2 Key process changes (from CVCs)
 - 2.3 Key staffing changes
- 3.0 Lessons learnt from pilot walk-in clinics
- 4.0 Required ICT system changes

1.0 Key assumptions for walk-in clinics

We have used the following key assumptions for this initial walk-in vaccination clinic approach:

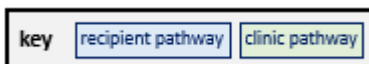
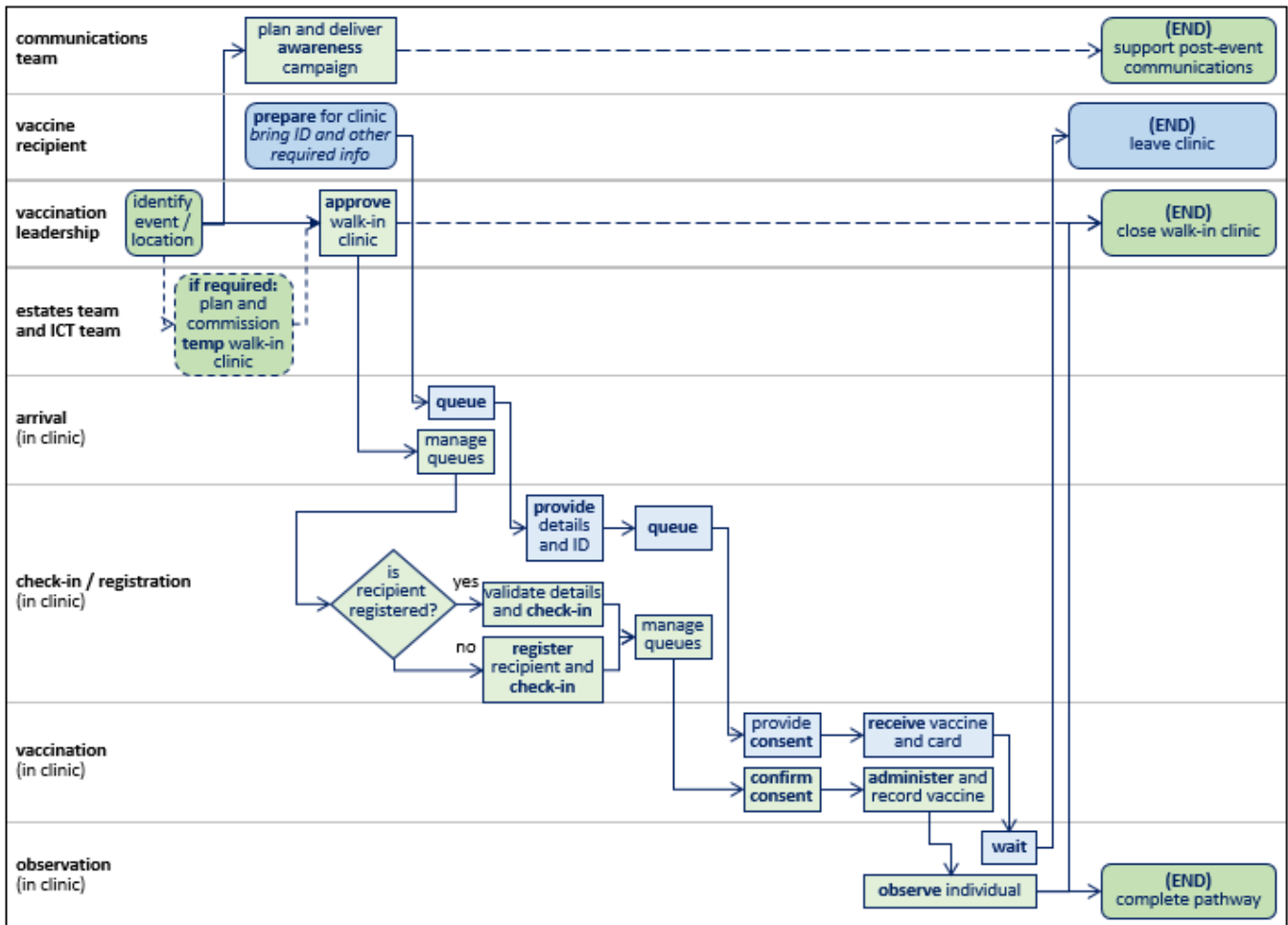
- people may not previously have registered on portal
- clinics may be at existing facilities or temporary (short-term) facilities
- clinics will offer only dose 1
- recipient attendance and required staffing will be more variable
- *recipients may be from different parts of country*
- *recipient arrival is not scheduled*

2.0 Pathway and process changes

2.1 High-level pathway for recipients and clinics

The diagram below shows the high-level pathways for recipients and clinics:

Dose 1 walk-in clinic pathway



2.2 Key process changes

Compared with a CVC clinic, there are some key process changes required to accommodate the unscheduled nature of attendance at the clinic:

area	key changes	key implications of changes
communications team	<ul style="list-style-type: none"> • communicate awareness of a specific clinic time / location • if appropriate, communicate awareness of vaccine type available in clinic • use channels that reach non-mobile / internet users - <i>inc potentially vulnerable groups</i> • encourage people to contact in advance for information / indicate attendance - <i>provides an indication of attendees</i> • remind people what documentation is required • focus on the key message around getting vaccinated and the importance of this - <i>ie encourage attendance regardless of individual's home location</i> 	<ul style="list-style-type: none"> • plan more locally centred communications campaigns specific for individual clinics • advertise earlier to fit with more manual (less digital) channels - <i>e.g. local papers, local politicians, local services / clubs / support groups etc</i> • use local networks / links for information • provide a local / mobile number so people can contact in advance¹
vaccine recipient	<ul style="list-style-type: none"> • need to bring documentation with them - <i>including photo ID (& if not registered: PPSN, Eircode, email, mobile phone number)</i> 	<ul style="list-style-type: none"> • documentation needs to be part of communications campaign
vaccination leadership	<ul style="list-style-type: none"> • organise and staff the local / mobile contact number • plan for contingency staffing capacity • over staff for queuing / peaks • plan for vaccine supply 	<ul style="list-style-type: none"> • reuse staffing pool available from CVC - <i>balance CVC workload to enable walk-in</i> • ensure experienced individuals to manage less uniform schedule / cohort of attendees • work with pharmacy / clinical lead to predict potential vaccine requirement
estates team and ICT team	<ul style="list-style-type: none"> • larger registration and queueing space - <i>this is due to more variable numbers of people arriving</i> • temporary facilities may need more infrastructure - <i>e.g. cold storage / boxes for vials</i> - <i>e.g. security arrangements</i> 	<ul style="list-style-type: none"> • estates available to commission / reconfigure clinics as necessary • need time to establish and test any configuration changes / temporary infrastructure • ensure ICT support on site

¹ Our evidence suggests that up to 50% of people phone in advance - which offers useful indicator for both vaccine and people planning

area	key changes	key implications of changes
arrival (in clinic)	<ul style="list-style-type: none"> • queuing will be volatile with periods of quiet and crowding • people may have more up-front questions about process and consent 	<ul style="list-style-type: none"> • additional marshal / security staff • additional roving clinical staff to answer questions
registration / check-in (in clinic)	<ul style="list-style-type: none"> • process will be longer for recipients that require registration at clinic 	<ul style="list-style-type: none"> • additional space and registration staff
vaccination (in clinic)	<ul style="list-style-type: none"> • open vials based on current, not projected, numbers - <i>due to uncertain flow of individuals</i> 	<ul style="list-style-type: none"> • use pre-drawn syringe model if possible, especially at day end in order to keep more booths open and reduce risk of wastage
observation (in clinic)	<ul style="list-style-type: none"> • no changes anticipated in this area 	<ul style="list-style-type: none"> • n/a

2.3 Walk-in clinic staffing changes

Walk-in clinics do not have a planned schedule with a smoothed profile of arrivals. Hence need to plan queue management and staffing to accommodate varying peaks and troughs of individuals arriving and flowing through the clinic.

Some attendees at a walk-in clinic will not be registered on the portal and so extra resourcing will be required to handle registration and ID checks.

Observation sizing will depend on number of booths, so this doesn't change (since vaccination booth capacity is the limiting factor for overall flow).

3.0 Lessons learnt from pilot clinic

A few pilot walk-in clinics have been run, there are a few lessons arising from these:

- advertise earlier
- *only started advertising on Tuesday for Saturday so missed the main newspaper*
- *should ideally be more than 1 week if possible*
- advertise wide range of channels
- *e.g. HCW channels, newspaper, radio, social (twitter), TDs etc*
- include a mobile/local number that people can call, in the communications that go out
- have it at the weekend to capture working people
- have more volunteers for queue management
- allow for extra seating and shelter for queues
- *they are unpredictable and can build very suddenly*

4.0 Required ICT system changes

Assumption is that Covax can handle registering walk-ins in the clinic, so limited ICT changes.

Temporary facilities will require mobile network and sufficient power supply for ICT and other equipment.

Sufficient onsite support should be provided to ensure problems can be rapidly resolved.