



Mass Prophylaxis Centre Plan

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DOCUMENT CONTROL		POLICY NO.	???
Policy Group	Public Health Committee		
Author	Mr David Irving	Version no.	1.0
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Section 1 PURPOSE AND SCOPE

The purpose of this NHS led Mass Prophylaxis Plan is to ensure that Dumfries and Galloway has the capacity, resilience, and capability of ensuring that significant numbers can be treated in an emergency situation within any necessary time frame.

Aim of Plan

This plan has been developed to provide a framework for arranging a mass prophylaxis distribution/treatment of a significant number of casualties in the event of a mass CBRN attack

Objectives

This plan is prepared to:

- Set out the detailed arrangements for the management of mass prophylaxis distribution in Dumfries and Galloway and how the Major Emergency Scheme will support this;
- Set out the roles and responsibilities of the various groups in managing the mass prophylaxis distribution centre.

This policy must be adhered to by all NHS staff.

This plan has been developed in accordance with the Scottish version of the NHS Scotland guidance for Mass Prophylaxis Centre Planning.

SECTION 2 PLANNING ASSUMPTIONS

The following key elements and assumptions also inform and underpin the plan:

- prophylaxis will be an over-riding priority and the local authority/other partners will assist in providing premises, staff, general supplies, security and logistical support;
- suitably trained health staff will treat in an emergency;
- Any decontamination required to allow safe consultation with patients will have taken place prior to provision of prophylaxis;
- Initial supplies of prophylaxis and other essential medicinal treatments will be delivered to the Pharmacy in Dumfries and Galloway Royal Infirmary within 5 hours of a decision to mass treat.

The Health Protection Scotland (HPS) and the Dumfries and Galloway Major Emergency Scheme will provide the main platform for informing the public and managing the media.

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SECTION 3 PROPHYLAXIS MODELLING

Based on modelling using an allowance of three minute to process each individual

	To Process 100 people	To Process 1,000 people
For each Prophylaxis centre required		
Number capable of being treated daily	100	1000
Number of staff per centre per shift (minimum 2 shifts per day) with 2 stations operating	4	8
Number of staff per centre per day	8 - 12	16 - 24
Number of prophylaxis staff per centre per day (2 shifts)	4	16

SECTION 4 ESTABLISHING PROPHYLAXIS CENTRES

Mass Prophylaxis Centres (MPC)

Prophylaxis centres in Dumfries and Galloway will be located at the most convenient and appropriate location or facility, taking cognisance of the numbers of casualties, location of the incident and types of contaminant/s in question. Facilities could include public buildings/spaces including the open air. Full consideration must be taken of any clean up and recovery issues required to ensure safe hand back of the facility or site.

Activation of prophylaxis centres

Following the decision by the Director of Public Health/Consultant in Public Health Medicine that a mass prophylaxis programme is to commence the Prophylaxis centres should be set up and ready to operate within 5 hours.

Equipping of Prophylaxis Centres

NHS Dumfries and Galloway will ensure that all appropriate equipment (other than furnishings and light refreshments for staff and attendees) will be available .

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'Maintaining law and order'

Police Scotland will develop appropriate patrol and response arrangements to ensure that public order and crime prevention is maintained in connection with the prophylaxis centre.

SECTION 5 STAFFING FOR MASS PROPHYLAXIS CENTRES

Staffing

Partner agencies will identify maintain a list of volunteers and others able to assist at each MPC as follows:

NHS Dumfries and Galloway

All dispensers and clinically trained staff
Administrative/management staff

Dumfries and Galloway Council

Administrative/management staff
Staff required for security and other duties

Police Scotland

Police response levels will be set through assessment of intelligence, experience and national police guidance.

SECTION 6 STAFFING ROLES AND RESPONSIBILITIES

Staffing roles and responsibilities

Additional staff maybe needed for various roles and a significant number may be required. The following table identifies the key roles and identifies possible sources of staff. Note: some individuals may carry out more than one role.

Role	Possible experience/skills	Tasks
Meeting attendees	Local security staff, site staff, Local Authority staff	Directing people, traffic, parking - into/away from the prophylaxis centre
Reception	Administrative skills, site personnel, volunteers	Form distribution and assistance with filling.
Flow control	General administrative skills site personnel, volunteers	Organisation of queues to ensure minimum waiting

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Primary screening	Healthcare assistant level with access to nursing, medical skills	Review forms Pre-screening, triage, for contraindications
Prophylaxis team:		
Prophylaxis co-ordinator	Doctor, nurse, hospital manager ³	Manage the prophylaxis team activities
Vaccinator and assistant (can be rotated)	Nurse, doctor, paramedics, medical/dental/veterinary students, etc. practical and organisational skills. Other healthcare staff, volunteers	Treat, prepare prophylaxis station, assist vaccinator, prepare prophylaxis and organise supplies
Dressing assistant	Volunteers- voluntary aid societies	Dressing application
Administrative support	Administrative skills	Check forms, complete prophylaxis record
Data collector and co-ordinator	Senior administrator, manager, site personnel	Check, collect, collate provide information
Catering staff	Hospital or site catering personnel	Prepare snacks and drinks for staff
Centre manager	Site manager, Local Authority manager, hospital manager, WRVS	Co-ordinate staffing facility management, sitreps to NHS Boards
Supplies and data co-ordinator	Site manager, Local Authority manager, hospital manager, administrator	Ensure smooth supply of prophylaxis and consumables, secure storage of supplies and waste, regular updates of throughput to centre manager and prophylaxis co-ordinator
Lift and shift	Hospital porters, supplies staff, warehouse staff	Logistics and stores

SECTION 7 OPERATION OF PROPHYLAXIS CENTRES

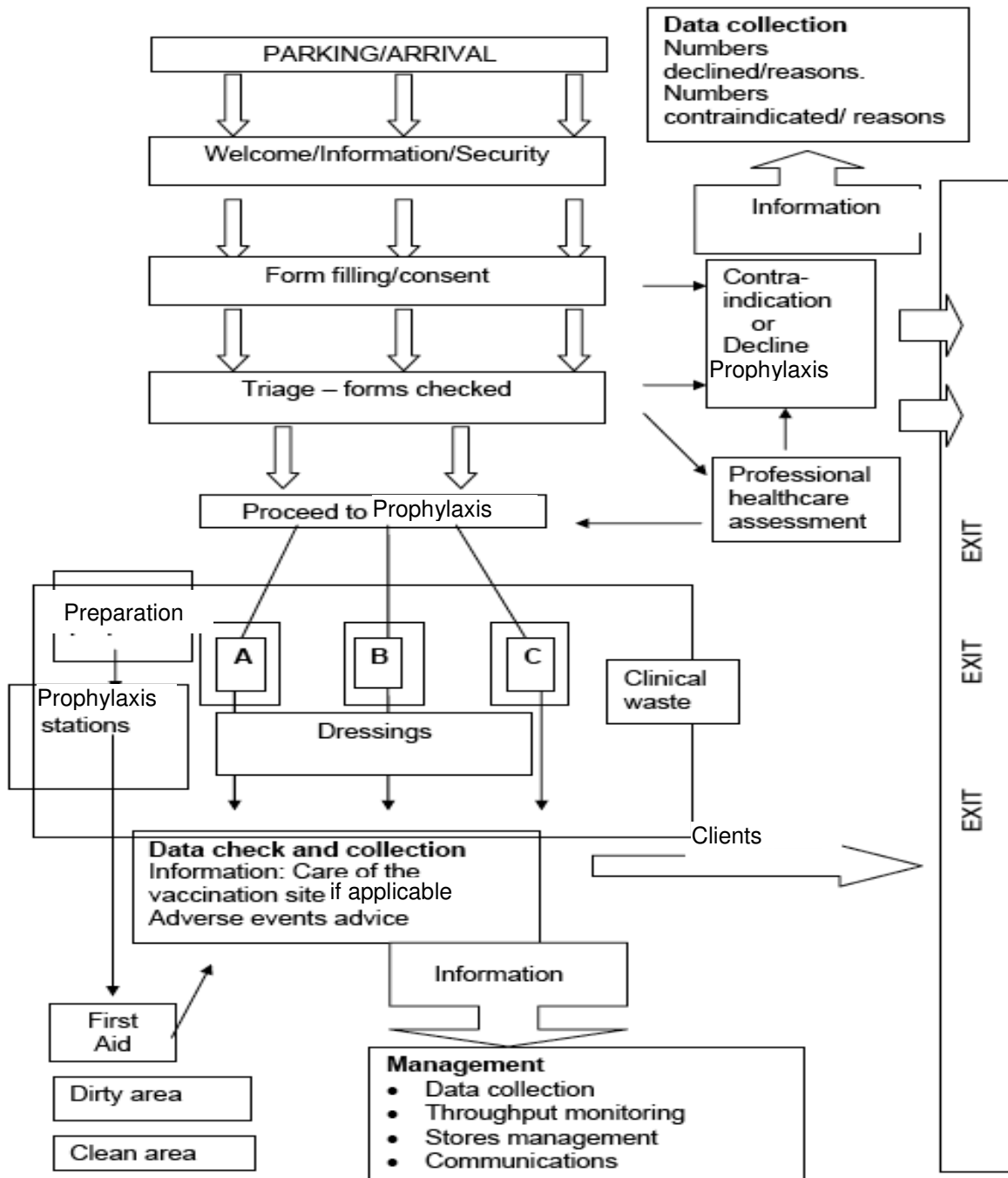
Each prophylaxis centre, whilst differing slightly on layout depending on the facilities available in each location, will operate in exactly the same way.

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Mass prophylaxis centre flow diagram

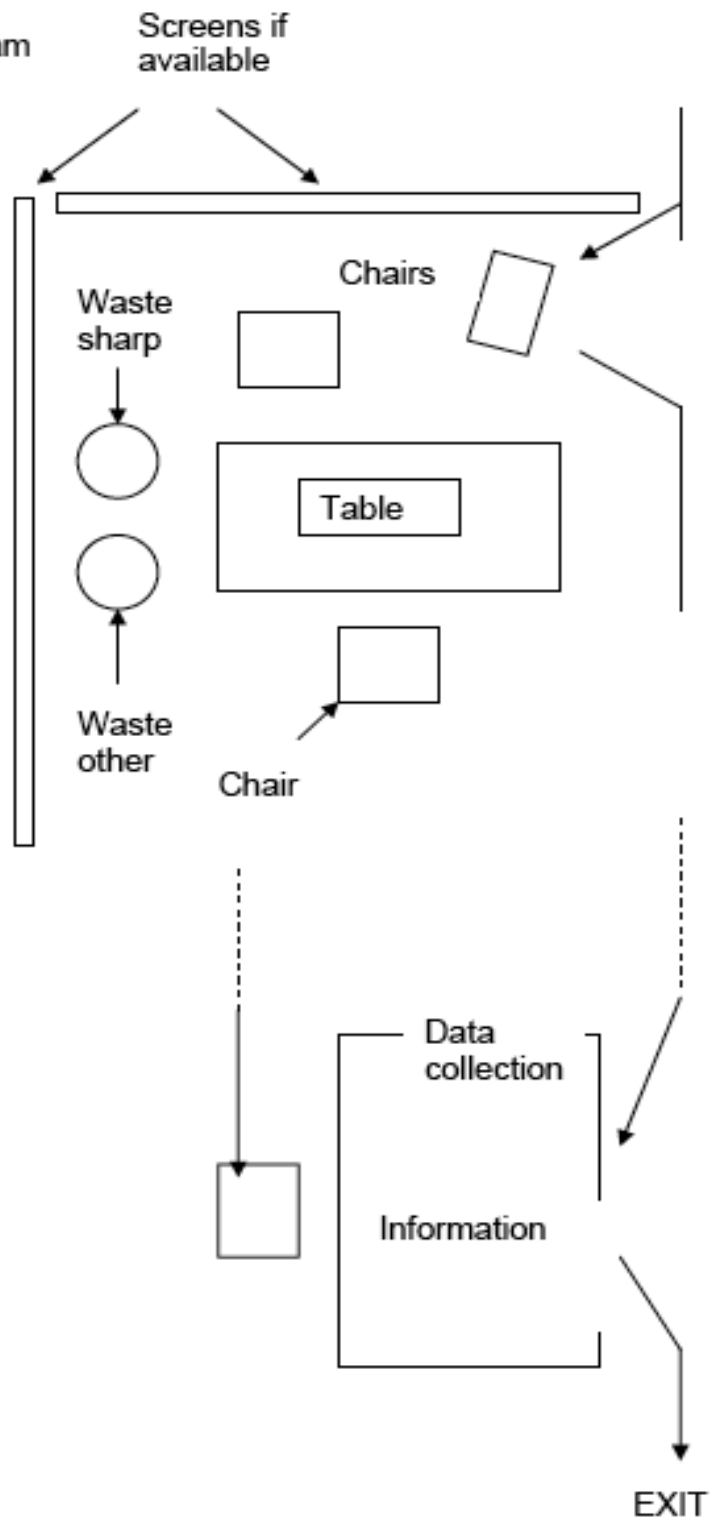


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Layout of Prophylaxis centre

Each prophylaxis centre will be laid out as per the diagram below:

- Table (impervious surface or waterproof sheet)
- Chairs for vaccination team
- Absorbent paper towel
- Waste bin
- Sharps container
- Screens (if available)
- Antibiotic or other agent
- Vaccine (and diluent if freeze-dried vaccine)
- Rack
- Bifurcated needles
- Syringes/needles for vaccine prep (if freeze-dried vaccine)
- Dressings
- Apron
- Gloves
- Face/eye protection
- Paper towel
- Pens
- Hand cleanser
- Anaphylactic kit
- Spill kit - disinfectant
- Information sheets



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A Checklist for each MPC is shown in Appendix 1

SECTION 8 TREATING A HOUSEBOUND OR THOSE OTHERWISE UNABLE TO ATTEND A MASS PROPHYLAXIS CENTRE

A small proportion of the population who are not contraindicated will require to be treated in their place of residence.

This will be achieved by the establishing mobile prophylaxis teams consisting of a dispenser, an administrative assistant and a driver.

SECTION 9 USE OF DRESSINGS

Dressings would only be used for smallpox prophylaxis and are generally not required for other vaccines or prophylaxis.

SECTION 10 WASTE DISPOSAL AND DECONTAMINATION

To avoid doubt, all waste from prophylaxis centres must be treated as chemical, biological, radioactive or nuclear waste. Needles and glass vials must be treated as sharps.

Each MPC will be supplied with specific sharps bins, suitable rigid bins or containers which will be clearly labelled for use at each prophylaxis station. On completion these must be sealed and will be collected for appropriate specialist disposal according to the type of contaminant.

All waste must be stored securely prior to collection.

A dynamic risk assessment must be carried out to establish the type of clean up required at the facility or location depending of the type of contaminant involved. A number of specialised and qualified individuals and agencies are available to assist in this process.

The prophylaxis centre manager must carry out a decontamination check prior to hand over.

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SECTION 11 DATA COLLECTION

Data collection is an important part of the process.

Individual forms must be completed for all who attend the prophylaxis centre and retained for monitoring and record of prophylaxis, whether contra-indicated or declined.

That information will form the basis of regular 12-hourly situation reports by the data co-ordinator and prophylaxis centre manager and sent to the NHS Board for monitoring. The Mass Prophylaxis Situation Report form below will be used.

Mass prophylaxis centre situation report form

To	NHS Board Co-ordinator		
From	Vaccination Centre Manager	Prepared by:	
		Position or role:	
Report date and time		Date/time of transmission	
Vaccination centre name		Fax No.	
Location		Number of pages	
Sitrep No. (sequential)		NHS Board responsible	

Vaccinations

State vaccination centre opening time and date		
	Total	Since last report
Number of individuals vaccinated		
Number of individuals who declined		
Number of individuals not vaccinated for contraindications		

Comments

Problems and issues for NHS Boards: (state urgency and deadline for resolution)
Problems and issues resolved locally:

Received by:

Time and Date:

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If a vaccination or other prophylaxis programme is required, long-term records showing vaccine / drug batch number will also be compiled for future tracking purposes. Forms for data collection will be included with the documentation on the CD- ROM (to be issued) and sufficient copies should be printed for the local target population.

Documentation/information required at each MPC

Clinician	Information on contraindications
Dispensers	Prophylaxis process
	Prophylaxis information (with prophylaxis supplies)
Public	Prophylaxis forms
	Information on contraindications
	How to care for the prophylaxis site Adverse events
	Video/ DVD giving information on the prophylaxis process

SECTION 12 COPING WITH ETHNICITY

Some MPC locations may need the assistance of interpreters or require the translation of documentation. In addition prophylaxis centre managers should be aware of the needs of particular ethnic minorities apart from language issues

In particular, although the aim would be to ensure that those who are contraindicated are informed not to attend prophylaxis centres, some confusion is inevitable. Some capacity to screen for contraindications or illness is essential.

Non medically qualified healthcare professionals can assist in that process using simple algorithms. The skills of the most experienced clinical staff should be focused mainly on dealing with complications, contraindications and providing advice and reassurance. All communications should reflect the ethnicity of local populations.

SECTION 13 DESIGNATED DELIVERY AND TREATMENT POINTS

Designated Point for Delivery of Prophylaxis etc

The designated point for receipt and distribution of prophylaxis supplies is the Pharmacy, Dumfries and Galloway Royal Infirmary, Bankend Road, Dumfries.

Designated point for collection of unused supplies

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The process for the disposal of unused prophylaxis may be destruction. A full risk assessment should be undertaken to establish the safest and most appropriate process.

Designated hospital for serious adverse events

Dumfries and Galloway Royal Infirmary, Bankend Road, Dumfries

SECTION 14 COMMUNICATION

The local communications plans will reinforce national messages and:

- give the locations of local mass prophylaxis centres, opening hours and instructions on how attendance is to be scheduled;
- repeat information on who should not attend and why;
- provide regular public reassurance and updates on progress;
- provide information on the care of the prophylaxis site, safe disposal of dressings and pictorial guidance showing an effective prophylaxis;
- ensure that anyone experiencing complications or adverse events has information, advice and access to treatment;
- ensure rapid local printing and distribution of the pre-prepared information held electronically on prophylaxis, contraindications, care of the prophylaxis site and adverse events.

SECTION 15 POST PROPHYLAXIS PROGRAMME

In the post prophylaxis period the NHS Board will, with its planning partners

- provide strategic guidance and support in returning to normal activities;
- maintain capability to treat those not dealt with during the main programme and to re-treat non-takes;
- ensure capability and capacity to deal with adverse events;
- capture and transfer adverse events data to Health Protection Scotland;
- ensure proper disposal of clinical waste;
- prepare prophylaxis centre for return to normal use;
- collect data on any presenting adverse events;

SECTION 16 POLICY DISSEMINATION, IMPLEMENTATION AND MONITORING

Dissemination and Implementation

This policy, once approved through the process defined below, will be placed in the Infection Control Manual and in the Emergency Planning Zone on the intranet. All key personnel to whom this policy applies will be informed of the reviewed policy by e-mail.

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Document control procedures will apply and the intranet copy of the document will always be considered the definitive copy.

SECTION 17 MONITORING, AUDIT, REVIEW AND APPROVAL

The Infection Control Committee is responsible for monitoring of implementation and compliance with this policy. The policy will be reviewed as a minimum every two years. An audit will be conducted to ascertain implementation and compliance of different aspects of the service. The reviewer of the policy will take responsibility for conducting this audit. Any changes as a result of audit and review will be consulted on for a period of four weeks. Following audit, review and consultation the Public Health Committee will approve any new versions of the policy prior to dissemination and implementation.

SECTION 18 RISK MANAGEMENT

This policy has been risk assessed. The main risk will depend on the situation being handled. In the case of lethal infectious disease e.g. smallpox, pandemic flu, H1 N1 or other infectious disease, the main risk is spread of the infection, particularly in vulnerable groups. In the case of an anthrax attack, the main risk is to exposed persons but the control of potential contamination (eg to healthcare premises or prophylaxis centres) will be important. The other major risk is that the resources and expertise required to implement the policy will not be available at an early opportunity to manage the outbreak. The likelihood of this is possible at the very least and consequences are major giving a risk rating of high. A preventable outbreak may occur due to lack of information from individuals who will not communicate for personal reasons. Control measures can be implemented under the Public Health etc. (Scotland) Act 2008.

SECTION 19 EQUALITY AND DIVERSITY

NHS Dumfries and Galloway are committed to equality and diversity in respect of the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. A rapid impact assessment has been carried out on this policy. The issues identified were:

- Need for continued awareness of the key stakeholders of their responsibilities when implementation of a mass prophylaxis programme is ordered by SGHD and Health Protection Scotland;
- Need for well established procedures for advising SGHD and HPS of the progress of the outbreak;
- Availability of support from all partner agencies within 24 hours.

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APPENDIX 1

Mass prophylaxis centre checklist

Premises should have:

Essential areas for:

Secure supplies delivery point plus handling of equipment
Lockable storage for supplies, prophylaxis and associated consumables
Prophylaxis preparation area
On site parking and drop off point for public
Initial assessment to check for contraindication
Queuing or holding area
Form filling
Prophylaxis
Form collection
Data collection (office area)
Provision of confidential advice
Toilets
Washing facilities for staff
Resting areas for staff
Facilities for staff to make private phone calls
Making drinks and preparing food for staff

Desirable:

Special needs access
Cafeteria
Overspill holding-area for prophylaxes
Separate access and egress

General equipment

Essential:

Telephones
Computer with e-mail
Fax machine
Photocopier plus paper
Printer
Tables, chairs
Fire alarms, certification and clear evacuation instructions

Desirable:

Television for those queuing
Refrigerated prophylaxis storage
Video/DVD for information/orientation

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Stationery/ office supplies

Documentation/information

Clinician	Information on contraindications
Vaccinators	Prophylaxis process
	Prophylaxis information (with prophylaxis supplies)
Public	Prophylaxis forms
	Information on contraindications
	How to care for the prophylaxis site Adverse events
	Video/ DVD giving information on the prophylaxis process

Equipment list

Plastic aprons
Gloves nitrile non-sterile (supplement from local stocks where necessary)
Eye protection
Dressings for prophylaxis site
Hand wash, alcohol based. Use soap and water as alternative
Paper towels/towel rolls
Sharps disposal container
Disinfectant for surface spills
Anaphylactic Kit

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DOCUMENT CONTROL SHEET

1. Document Status

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2 Document Amendment History

Version	Section(s)	Reason for update
1.0		2 yearly review

3. Distribution

Name	Responsibility	Version number
Health Protection Team	E-mail final version to PH Directorate; Infection Control Team, Emergency Planning and Environmental Standards	1.0
Communications	Place final version on intranet	1.0

4. Associated documents

5. Action Plan for Implementation

Action	Lead Officer	Time frame
Distribute to Infection Control Team, Emergency Planning and Environmental Standards.	Health Protection Team	
Place on Intranet Infection Control Manual		

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