

To: Detained Estate Sites beginning operations week commencing 25 January 2021

Cc: NHS England and NHS Improvement Regional Health & Justice Commissioners (commissioners to cascade to Health & Justice Primary Care providers and Detained Estate Sites), Regional Chief Pharmacists

19 January 2021

Dear colleagues

Detained Estate sites beginning COVID-19 vaccination – information to support you to stand up your vaccination service

Further to conversations with your region, we are writing to confirm that your site should be ready to begin operations from week commencing 25 January 2021. This means that you should be ready to administer the [Oxford/AstraZeneca](#) vaccine, with a firm delivery date for your vaccine to be confirmed.

Whether your site actually goes live will be subject to the readiness assessment process during the week of 18 January and **we will send final confirmation of which sites are ready, with their specific vaccine delivery dates**, and for those sites who are not ready, we will outline the next steps.

All sites with patients aged 80+ are receiving an initial delivery of vaccine. Vaccine allocations will allow detained settings to vaccinate all patients in cohorts 2-4 in line with the approach being taken in the general population. Further advice will be issued about when to move on to further cohorts in line with the wider approach in the general population and in line with JCVI advice.

A summary of the key dates and milestones contained within this letter is in Annex A.

Details of how to escalate any issues you encounter with site set-up are available below.

1. Overall readiness

- a. A standard operating procedure (SOP) for the COVID-19 vaccine deployment in detained estate settings will be available shortly on [the NHS Futures Collaboration Platform](#) and will be updated to reflect the availability of the Oxford/AstraZeneca Vaccine. You should start working through this document and ensure compliance with all areas of the guidance. The [Standard Operating Procedures](#) from the Specialist Pharmacy Service for the use of the Oxford/AstraZeneca vaccine in community sites were published on 31 December 2020.
- b. Contractual and payment arrangements for delivering the vaccination service is through usual arrangements via regional HJ commissioners.
- c. **Site readiness assessment – for completion by sites with their Commissioners**

We have established an online portal to capture site information and monitor site readiness ahead of go-live. Each site has been asked to identify two individuals to be provided with read-only access to the portal. HJ commissioners and our regional teams have written access.

From **18 January 2021**, Commissioners are asked to:

- Complete a readiness assessment for each site on the online portal. The readiness assessment comprises a series of yes/no questions to confirm estates/supplies/workforce/clinical/tech and data/legal readiness. Annex B includes a copy of the readiness questions. Readiness assessments will be aggregated at regional and national level for daily monitoring.
- Please note that site access to the online portal is not a requirement for go-live as readiness forms will be completed by the commissioner on your behalf.
- HJ Commissioners with regional leads will also need to complete a **clinical assurance site assessment** to underpin overall readiness **by midday on Tuesday 19 January**.
- On the back of these visits, HJ Commissioners in partnership with regional leads need to confirm to the national team **by 1pm on Tuesday 19 January** via the online portal whether or not each site is ready to start vaccinating patients from 25 January.

2. Estates readiness

- a. Guidance on **site preparation** in the Detained SOP should be followed.
- b. The clinical IT system used in all detained sites, TPP HJIS will be the Point of Care system used instead (see section 5 below for more information). Training and information about using HJIS for COVID vaccination is available on the [NELCSU training portal](#).
- c. Please can you also ensure that the **site address details** and instructions are specific enough to enable deliveries to take place. Some deliveries to earlier sites have been rejected by the venue or the courier has been unable to locate exactly where to deliver to.
- d. **Clinical waste management** should be handled as business as usual with additional waste collections arranged by the provider if needed. SPS SOPs should be followed for handling pharmaceutical/vaccine waste or spillages.
- e. Please ensure that as part of your preparations, you have engaged with your custodial partners to review any **security requirements** for the local vaccination service in the site

3. Supplies readiness

- a. A list of **equipment, consumables and PPE – the Supply Inventory List (SIL)** – see Appendix C – will be supplied, free of charge and delivered to the majority of sites **between Wednesday 13 January and Tuesday 26 January (Sunday by**

exception). Note that **resupply of any PPE and consumables** included with the initial SIL delivery will be made to sites automatically, proportionate to future vaccine volumes – there is no need for sites to order these items directly.

- b. **You should be given 24 hours' notice before your delivery – this will come to the named lead contact for your site so please ensure that they are contactable.** Sites do not have to order any items from the SIL – all items will be included with your delivery. **Deliveries will be made between 08:00 and 17:00 on weekdays (Saturdays by exception if possible).** Two members of healthcare staff need to be available to receive deliveries and deliveries **must not be actioned by custodial staff at the gate and not left in the Receiving Incoming Delivery Store (RID) store in High Security Prisons.** This approach has been agreed with HMPPS nationally.
- c. Public Health England (PHE) has created a number of leaflets for patients, and these have been adapted for detained estate settings. These are set out in the attached PHE document “Covid-19 vaccination programme publications: A guide for use”, which explains when to use each leaflet. You can view all the PHE resources [here](#). PHE has updated the leaflets in the light of the approval of the Oxford/AstraZeneca vaccine. **Please ensure relevant staff familiarise themselves with the content of the leaflets by Friday 22 January.** British Sign Language videos of the key leaflets, and large print versions are available [here](#). The leaflets will also be available soon in a number of different languages as well as Braille and Easy Read versions.
- d. **We will aim to deliver an initial quantity of leaflets to your site before you are due to start vaccinating patients.** The courier, Yodel, will contact the lead contact for the site in advance of arrival to ensure you are able to arrange access or collect the leaflets. Please do not order leaflets directly. If you need to print leaflets at any point, for example, in a specific language, you can download PDF versions which can be printed on an office printer and copied on a photocopier, or professional printer-ready versions, at <https://www.healthpublications.gov.uk/Home.html>. Replenishment of leaflets will also happen automatically according to future vaccine deliveries, and you will not need to order leaflets for subsequent vaccinations.
- e. If deliveries of leaflets are delayed, please use the link above to print off local copies for your initial vaccinations

4. Vaccine supply

- a. All sites will receive **100 vaccines** in their initial delivery together with post-vaccination record cards and Manufacturers' Product Information Leaflets. Vaccine-related consumables (e.g. syringes) will be delivered separately, in the appropriate quantities.
- b. To facilitate smooth delivery of the vaccine, please ensure that your **named, registered Health Care Professional (HCP) who will receive the vaccine is there on the day and collects it promptly at the gate directly from the delivery driver.** Deliveries must not be made to gate staff. **Deliveries will be made between 08:00 and 17:00 (where possible) on weekdays.**

- c. Due to the large number of sites that are now live and the number of associated deliveries, we are no longer able to guarantee that vaccine will be delivered during mornings only.
- d. You will receive notification of your vaccine delivery date by email via your Regional Vaccination Operations Centre (RVOC), who will cascade this information to the named lead contact for your site.
- e. A more precise, indicative ETA for your delivery will be shared the evening before your scheduled delivery date. This information will be cascaded to your site by email as per the process above. **However, as a result, sites should plan to start vaccinating patients from the day after your scheduled vaccine delivery date, particularly as the ETA is indicative and not definitive.**
- f. **Vaccine shelf life once delivered and stored at 2-8°C will be in the range of 6 months.** Shelf life will be clearly marked on the vaccine box label. Further guidance on the appropriate Cold chain procedure can be found in the SOP and Specialist Pharmacy Services resources.
- g. **Vaccine resupply** arrangements will be communicated regularly.

5. Workforce and clinical readiness

- a. To reflect the requirements in MHRA communication, and vaccine workforce capabilities at each site, we have added two extra questions to the site readiness process, asking for **confirmation that there is a clinician available at every session who is able to provide resuscitation support if needed (Basic Life Support), and that all vaccine facing clinicians have completed the Anaphylaxis eTraining.**
- b. The nationally authorised **Patient Group Direction (PGD)** for Covid-19 Vaccine AstraZeneca is available [here](#), and the National Protocol is [here](#).
- c. We anticipate that your sites will for the most part be relying on their existing workforce for the initial JCVI priority groups 1-3 and will have indicated to commissioners whether additional workforce is needed for the larger cohorts anticipated in later priority groups. Lead providers in each ICS would be able to support healthcare providers in detained settings to access additional workforce if needed, including volunteers from the national supply route. There is a workforce support offer available to all COVID-19 vaccination centres. Each Integrated Care System (ICS) has a designated Workforce Lead Provider which will act as a workforce hub for all vaccination providers in the local area. They can provide both health care professionals for employment such as returners to professional lists and volunteers such as St John Ambulance staff.
- d. Additional workforce from the ICS will:
 - i. Not require additional training to work in a detained setting and will always be delivering the vaccinations alongside and fully supported by the detained setting's healthcare staff.

- ii. Require advance clearance by HMPPS to enter the detained site which includes a current DBS certificate and professional registration or ID. Further information is provided in the SOP.
- e. The Lead Provider will work with all providers on workforce communications, reporting, workforce planning and gap analysis, management of rostering systems for volunteers and National Workforce suppliers and will have oversight of mandatory and statutory training of these staff. A list of the Workforce Lead Providers for each ICS area is available on the FutureNHS site [here](#). Alternatively, you could approach your CCG, who can then speak to your ICS to discuss this. You may also find it helpful to connect with local government, community and voluntary sector colleagues to understand what other support could be mobilised locally.
- f. Information on **indemnity and insurance** for NHS organisations is also contained within the [letter to NHS staff in December](#). Non-NHS organisations need to confirm that the COVID vaccination services are insured within their insurance policies.
- g. It is expected that the majority of vaccinations will be delivered by health care professionals under the PGD. When other healthcare professionals have the relevant skills and are working under a PGD, the presence of GPs or a pharmacist on-site is not an essential legal requirement. However, we would expect that clinical and pharmacy leads for the site and the chief pharmacist for the service in the detained site will want to be involved in overseeing the handling of the vaccine for the service. Further details are described in a separate letter available shortly.
- h. You must also have a **clinical governance process** in place, an identified lead to manage the workforce, safe staff arrangements and an operational lead for the site. The [Standard Operating Procedure: Management of COVID-19 vaccination clinical incidents and enquiries](#) provides more detail.
- i. We recommend that your sites finalise their workforce arrangements and have any new, temporary staff plans in place **by Friday 22 January**.
- j. [PHE immunisation training standards](#) will apply as the minimum national standard for staff undertaking immunisation training.
- k. In addition, COVID-19 specific [vaccine e-learning](#) is available from PHE, including vaccinator training recommendations.
- l. Your sites need to **complete all their training requirements by Friday 22 January**.
- m. See section 7 below on Technology and Data for further training requirements around the Point of Care System.

6. Post-vaccination observation

- a. The [Green Book](#) does not explicitly advise an observation period following vaccination using the Oxford/AstraZeneca vaccine and we are now able to confirm this position, unless the need for a 15-minute observation period is indicated after

clinical assessment. Note also that patients should not drive nor operate machinery for 15 minutes after being vaccinated with either vaccine.

7. Technology and data readiness

- a. Staff who are clinically screening for and administering the vaccine should have access to relevant websites, which will be:
 - British National Formulary
 - National Institute for Health and Care Excellence
 - TPP HJIS terminal at the point of administration
 - NHS England and NHS Improvement information and guidance on the Covid-19 vaccination programme.
- b. Staff at sites may occasionally want to access a patient's **Summary Care Record (SCR)**. Staff will also need to access the **appointment book** for the clinic.
- c. **Technology items (barcode scanners) will be delivered to sites. You should be given 24 hours' notice of the delivery date – this will come to the named lead contact for your site so please ensure they are contactable.**
- d. **TPP HJIS is the Point of Care (POC) system** that sites will use to record the vaccination event. Training and information for users will be available from 11 January
- e. Offline forms are also available to download from the [NELCSU training platform](#). **Providers should print copies of the form in advance, so they are accessible in the event of IT failure.** This will ensure business continuity should there be any problems accessing the system.

8. Patient engagement

- a. We've published a draft primary care patient communications toolkit, which is available on [Future NHS](#); this is being updated in the light of the approval of the Oxford/AstraZeneca vaccine
- b. Providers will be responsible for **appointment booking** at the designated site.
- c. As set out in the training module for this vaccination, informed consent must be obtained before administration of all vaccines, but there is no requirement for consent to be in writing. As part of the cohort identification process, you should also highlight any patients who may **lack mental capacity to give their consent** at the time of vaccination and refer to the Detained SOP for guidance on how to proceed, which includes seeking consent from a patient representative with legal authority, or making a best interests decision. A record of consent should be recorded within the TPP HJIS system by the healthcare professional.
- d. The UK Chief Medical Officers have stated that the first doses of vaccine should be prioritised for as many people as possible on the priority cohorts described on page 1 of this letter, with the second doses of both vaccines to be administered towards the end of the recommended vaccine dosing schedule of 12 weeks. This will maximise

the number of people getting the vaccine and therefore receiving protection in the next 12 weeks, reducing mortality and morbidity overall. The CMOs' statement of 30 December 2020 is [here](#), and a further statement on 31 December from the CMOs about the important public health reasons for this change is [here](#).

- e. There are specific requirements for managing release planning for those patients who receive the first dose in the Detained setting and will receive the second dose in the community. Healthcare teams will need to:
 - i. Confirm the details of the patient's community GP
 - ii. Arrange pre-registration where the community GP is different or if they are not registered with a community GP
 - iii. Ensure the patient has their PHE vaccination record card and are given advice about where the second dose can be accessed where they are being released to and who to contact for support.
 - iv. Include their COVID vaccination status information in discharge information shared with community teams using local procedures.
- f. For detainees who are admitted into a detained setting, healthcare teams need to check the COVID vaccination status on reception and record this on the SEAT reception template:
 - i. For transferred detainees, the information will be on the TPP HJIS system
 - ii. For community admissions, the information can be accessed using BAU processes e.g. Summary Care Record, contacting the community GP, from the detainee such as via the PHE record card, and once available, via a look up application for the National Immunisation Management System (NIMS)
- g. **We recommend that you start booking patients into your vaccination clinic once you have received confirmation from us that your site will be going forward, and of your initial vaccine delivery dates.**
- h. You should also refer to the JCVI's [Annex A: COVID-19 vaccine and health inequalities: considerations for prioritisation and implementation](#) guidance.
- i. NHS England is responsible for processing your personal data for the purposes of the national vaccination programme. To find out more, you can access our [privacy notice](#) or search for "NHS England Privacy Notice" in your browser. It is recommended that patients are directed to this link within any communications.

9. Customer Service

- a. For queries about vaccine supply, ordering and delivery support, and supply of consumables and PPE, contact Unipart at CS@nhsvaccinesupport.com / 0800 678 1650, open 7am to 7pm, Monday to Sunday
- b. For queries about IT issues, including IT hardware, 4G connectivity (for equipment provided by NHSE), Foundry, Data and other IT services issues, contact the Covid Vaccination Help Desk on vaccineservicedesk@england.nhs.uk / 0300 200 1000, open 6am to 10pm every day, including Bank Holidays.

- c. For queries relating to TPP HJIS functionality please use local processes for logging these issues.
- d. For all other queries, contact your Regional Vaccination Operation Centre (RVOC) in the first instance:

North East & Yorkshire england.ney-vacc-cell@nhs.net

North West Covid-19.MVNW@nhs.net

Midlands england.midscovid19voc@nhs.net

East of England england.eoe-vacprg@nhs.net

London england.london-covid19voc@nhs.net

South East england.se-covid19-vacc@nhs.net

South East england.servoc@nhs.net

South West england.swcovid19-voc@nhs.net

- e. They may escalate an issue to the National Covid Vaccination Operation Centre at england.covidvaccs@nhs.net

We hope that the information contained within this letter is helpful and clear. A reminder that our publications are published on our website [here](#) – so please keep checking back for the latest guidance.

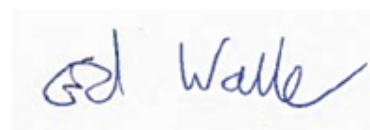
Join our [FutureNHS workspace](#) with a dedicated area of resources, FAQs, key documents, webinar and discussion form for the COVID-19 vaccination programme. If you are not currently a member, please contact: P_C_N-manager@future.nhs.uk

Thank you again for your incredibly quick and positive response to the call to mobilise the COVID-19 vaccination programme in primary healthcare within detained estates.

Many thanks



Kate Davies
Director of Health & Justice, Armed Forces &
Sexual Assault Referral Centres (SARCs)
NHS England and NHS Improvement



Ed Waller
Director of Primary Care
NHS England and NHS
Improvement

Annex A – Summary of key dates and activities for sites

| Key Date | Activity |
|---|---|
| <i>For commissioners with sites:</i> | |
| From Monday 18 January | HJ Commissioners submit first readiness report for sites via the online portal for site readiness assessment and vaccine ordering |
| By midday Tuesday 19 January | HJ Commissioners confirm clinical assurance of sites |
| By 1pm on Tuesday 19 January | HJ Commissioners confirms to national team that sites are ready to start vaccinating patients from 20 January (via the online portal) |
| By Friday 22 January | National team confirms whether sites are ready to vaccinate from 20 January (following the readiness assessment process) and confirms vaccine delivery date |
| Wednesday 13 January – Tuesday 26 January (Saturday by exception) | Delivery to sites of the Supply Inventory List (SIL - equipment, consumables and PPE) - you should be given 24 hours' notice before your delivery is made - delivery windows will be Mon-Fri 08:00-17:00 and Saturday 09:00-16:00. |
| <i>For sites:</i> | |
| From week commencing Monday 11 January | Delivery to sites of technology equipment (barcode scanners) – you should be given 24 hours' notice before your delivery is made - delivery windows will be Mon-Fri 08:00- 17.00 |
| By Thursday 21 January | Sites to receive details and are training and testing for using HJIS TPP system |
| By Friday 22 January | Sites finalise their workforce arrangements and have any new, temporary staff plans in place |
| By Friday 22 January | Sites to familiarise themselves with the content of PHE patient leaflets |
| By Friday 22 January | Delivery to sites of PHE patient information leaflets |
| By Monday 25 January | Sites to complete all training (including HJIS training) |
| From week commencing 25 January | Sites ready to administer the vaccine (depending on your vaccine delivery date) |

Appendix B: Readiness Checklist for Detained Estate

| Site Readiness Questions |
|---|
| Does the site have appropriate infrastructure to commence vaccinations? This should include sufficient space for vaccination. Access to hand washing facilities and ablutions are considered essential. |
| Is there sufficient site security for receiving, transporting the vaccine on-site and storage? |
| Have the areas where vaccine will be administered (e.g. central or wing/houseblock) been agreed in partnership with custodial leads for all JCVI priority groups? |
| Has the site got working internet access where vaccinations will take place? |

| Supplies Readiness Questions |
|--|
| Has the site ensured they have all equipment, consumables and PPE required for start-up, either supplied automatically as set out in the national supply list, or secured locally? |
| Has the site received patient-facing information in all relevant formats e.g., PHE produced post-vaccination patient info leaflets etc.? |
| Has the site got sufficient vaccine storage with a pharmaceutical fridge which has been installed and is working? By pharmaceutical, we mean a fridge designed to store vaccines. |
| Has the site got sufficient technology equipment, including laptops or desktops and barcode scanners? |
| Does the site have sufficient anaphylaxis kits? |
| Does the site hold sufficient resuscitation equipment including a defibrillator? |
| Are appropriate arrangements in place for the disposal of domestic, pharmaceutical and clinical waste? |
| Have Foundry accounts been set up (requires CQC registration number for each site) to enable vaccine orders been placed? |

Clinical Readiness Questions

Is there an appropriate clinical leader, and pharmacy lead identified to be available on site for each session/clinic?

Is there is a named person on site to take receipt of the vaccine (must be a registered HCP)?

Do all staff involved in vaccination understand the importance of consent and the consent process?

Are processes and staff ready to complete the clinical assessments needed to a) check eligibility to offer an appointment to patients b) complete the clinical assessment at the time of vaccination and c) Screen for COVID vaccination status for new detainees arriving in the site?

Is there a clear pathway for reporting any side effects/concerns

- a) after administering this vaccine for both immediate adverse events within 15 min of vaccination via Yellow Card and TPP HJIS (or Pinnacle if using) with NIMS dataflow
- b) any adverse effects experienced after this immediate period?

Are clinical governance processes and standard operating procedures in place?

Workforce and Enablement Readiness

Is there an identified healthcare lead for the site in order to manage the healthcare workforce and their roles?

Are there safe staffing arrangements in place i.e. sufficient numbers of clinical and non-clinical and custodial workforce secured to administer vaccines in the agreed timeframe?

Note: this includes

- A clinical lead available to provide resuscitation support for each clinic session

| |
|---|
| <ul style="list-style-type: none"> • forward planning as higher numbers of vaccinations are needed for each JCVI priority group? |
| Is there an identified operational/custodial lead for the site? |
| Have you confirmed that roving vaccinators are needed or not for each JCVI priority group and is the process for accessing them and gaining security clearance for their entry understood? |
| Are the roles and responsibilities between healthcare and custodial staff clearly defined and ready to be operationalised? |
| Is there evidence that all staff have completed COVID-19 specific training appropriate to their job role and any training for IT hardware/software they will be using? This should include anaphylaxis training. |
| Has the Governor or Director or his nominated lead been involved in clinic scheduling and provided the strategic enablement infrastructure and support needed? |
| Have custodial staff been advised of the main enablement roles and actions e.g. for efficient delivery of vaccine and consumables, detainee flows to the vaccination areas; sharing information with detainees in partnership with healthcare colleagues etc. |
| Is there a communication plan in place for detainees and staff? |

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| Tech and Data Readiness Questions |
| Has the site tested the HJIS COVID vaccine functions and confirmed that it can access from the site all of the relevant clinical and non-clinical systems? |
| Have Barcode scanners been delivered, tested and users trained in how to use them? |
| Has a process for identifying and calling and recalling eligible patients in place? |
| Has the site scheduled their sessions and appointment slots and shared them with custodial and other partners in the site? |

Has the scheduling of vaccinations included the vaccination for new admissions and to reoffer the vaccine to refusers?

Legal Readiness Questions

Has the Provider and staff involved in vaccinating detainees have processes to sign up for the National COVID vaccine PGD?

Are there contingencies in place to use a Patient Specific Direction if needed?

Are all the requirements mandated by the MHRA licencing for each COVID vaccine brand in place?

Are contractual arrangements in place with providers for delivery of the COVID vaccination programme?

Sign off

Head of Healthcare:

Date

Provider HJ Chief Pharmacist:

Date

Governor/Director:

Date

HJ Commissioner:

Date

Appendix C: Detained Estate Supplies Inventory List

| Starter Pack - Local Vaccination Service (NHS) | | | | | |
|--|---|--------------------|----------------|---------------------|------------------------|
| Products per Centre: | | | | | |
| | Requirement Area | To be replenished: | Eaches per UOI | UOI to be delivered | Eaches to be delivered |
| | Anaphylaxis Kit Community (Adrenaline-only) | Yes | 1 | 2 | 2 |
| | Extra Cooling gel packs for Coolboxes | No | 1 | 1 | 1 |
| | Spill Kit blood vomit or urine | No | 1 | 1 | 1 |
| | Transfer containers (e.g. Curver boxes) | No | 1 | 4 | 4 |
| | Clip board | No | 1 | 2 | 2 |
| | Cool Box (refrigeration) | No | 1 | 1 | 1 |
| | Floor stickers to maintain distancing | No | 1 | 5 | 5 |
| Other Products: | | | | | |
| <i>Based on...</i> | | | | | |
| 1 | PoD per Centre | | | | |
| | Requirement Area | To be replenished: | Eaches per UOI | UOI to be delivered | Eaches to be delivered |
| | Apron | Yes | 200 | 1 | 200 |
| | Clinical Waste Bag (orange) | Yes | 200 | 1 | 200 |
| | Clinical waste bags (tiger stripe) | Yes | 25 | 1 | 25 |
| | Eye Protection - Face Visors | Yes | 200 | 1 | 200 |
| | Face masks type IIR | Yes | 200 | 2 | 400 |
| | Gauze / Cotton Wool Balls | Yes | 200 | 2 | 400 |
| | Gloves - non-sterile examination gloves, nitrile - large | Yes | 100 | 7 | 700 |
| | Gloves - non-sterile examination gloves, nitrile - medium | Yes | 100 | 7 | 700 |
| | Gloves - non-sterile examination gloves, nitrile - small | Yes | 200 | 3 | 600 |
| | Hand Sanitiser (500ML) | Yes | 20 | 2 | 40 |
| | Paper Tape (medical) | Yes | 12 | 2 | 24 |
| | Paper Towels | Yes | 300 | 4 | 1,200 |
| | Pulp Vomit Bowl | Yes | 320 | 1 | 320 |
| | Sharps bin, Yellow lid, 2 litre, portable | Yes | 1 | 4 | 4 |
| | Sharps bin, Yellow lid, 7 litre | Yes | 1 | 4 | 4 |
| | Spill kit blood vomit or urine refills | Yes | 1 | 7 | 7 |
| | Steret alcohol Wipes | Yes | 1,200 | 2 | 2,400 |
| | Wipe, alcohol based for equipment | Yes | 100 | 1 | 100 |
| | Wipe, disinfectant moist (detergent) wipes | Yes | 1,200 | 1 | 1,200 |
| | Clinical Waste Bin | No | 1 | 1 | 1 |
| | Mini freezers (-20C) for cooling gel packs in coolboxes | No | 1 | 0 | 0 |
| | Scissors (clinical) | No | 10 | 1 | 10 |

| | | | | |
|---|-----|----|---|----|
| Ball point pens (black ink) | Yes | 50 | 1 | 50 |
| Domestic Waste Bags (Black Bin Bags) | Yes | 25 | 1 | 25 |
| Refrigerator, 47L / 82L (Dependent on throughput) | No | 1 | 1 | 1 |
| Sign indicating location of AED | No | 1 | 1 | 1 |
| Signs - maintain social distancing | No | 1 | 2 | 2 |
| Signs - wear your mask | No | 1 | 2 | 2 |