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COVID-19 standard operating procedure

COVID-19 vaccine deployment programme: Frontline social care workers (JCVI Priority Cohort 2)

Version 3, 27 October 2022

This guidance is correct at the time of publishing. However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating is accurate.

Updates made to this document to reflect the Autumn Winter 2022 COVID-19 vaccination programme are highlighted in yellow.

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Glossary

CQC	Care Quality Commission
DWP	Department for Work and Pensions
HH	Hospital Hub
ICS	Integrated Care System
JCVI	Joint Committee on Vaccination and Immunisation
LVS	Local Vaccination Service
LA	Local Authority
NBS	National Booking Service (www.nhs.uk/book-covid-booster)
NHS	National Health Service
Phase 1	JCVI cohorts 1 to 9
Phase 2	JCVI cohorts 10 to 12
Phase 3	Phase 3 is when booster doses should be given to Cohorts 1-9 as set out in the JCVI statement of 14 September 2021.
Autumn Winter 2022	Autumn Winter 2022 is the period when a booster dose should be given to those who are eligible within Cohorts 1-9 as set out in the JCVI Guidance and the National System Letter for the Covid-19 booster and flu vaccine programme.
PHE (see UKHSA below)	Public Health England
PCN	Primary Care Network
RVOC	Regional Vaccination Operations Centre
SOP	Standard Operating Procedure
SRO	Senior Responsible Officer
SVOC	System Vaccination Operations Centre
S4C	Skills for Care
STP	Sustainability and Transformation Partnership
UKHSA	UK Health Security Agency and Office for Health Improvement and Disparities (replaced Public Health England)
VC	Vaccination Centre

1. Introduction

This updated Standard Operating Procedure (SOP) supports the deployment of the COVID-19 booster vaccinations to eligible frontline social care workers in line with the Autumn Winter 2022 JCVI Guidance.

For the 2022 autumn booster programme, the primary objective is to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, over winter 2022 to 2023.

Accordingly, JCVI advises that for the 2022 autumn booster programme, the following groups should be offered a COVID-19 booster vaccine:

- residents in a care home for older adults and staff working in care homes for older adults
- **frontline health and social care workers**
- all adults aged 50 years and over
- persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book, chapter 14a, tables 3 and 4
- persons aged 5 to 49 years who are household contacts of people with immunosuppression
- persons aged 16 to 49 years who are carers, as set out in the Green Book, chapter 14a, table 3

The Autumn/Winter 2022 booster campaign includes the social care workforce, which is vulnerable due to occupational exposure. The social care workforce is highly diverse and therefore includes individuals who are at greater risk of serious disease due to certain protected characteristics, such as ethnicity, and social deprivation

Using lessons learnt from previous vaccination campaigns we have included several changes:

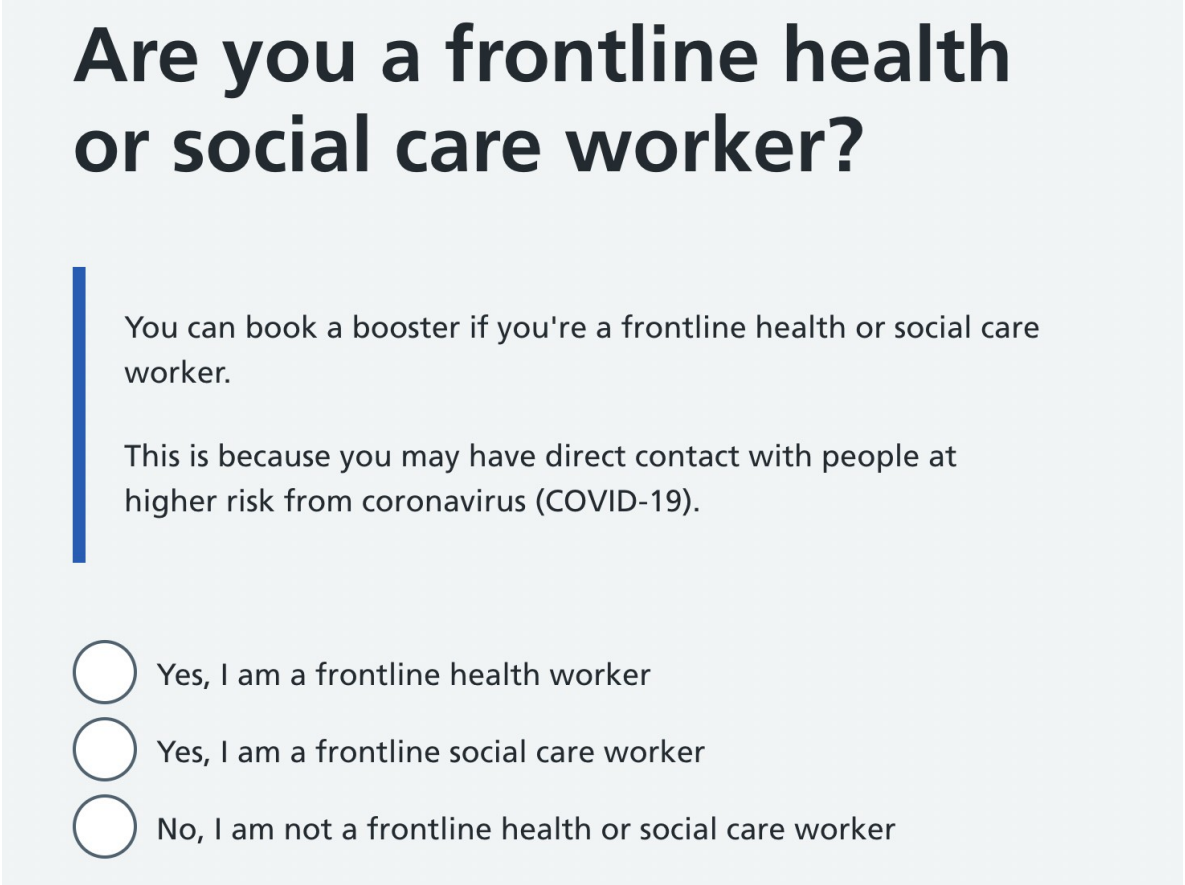
- Building on the success of pop-ups, walk-in sites and mobile delivery sites we are enabling front line social care workers from all social care settings (ie care homes, home care, community care such as supported living extra care and those who work as personal assistants) to access the above sites without a pre booked appointment, as long as they are eligible according to

the timing of their previous primary course/booster (see booster eligibility in section 2)

- Social Care Workers can still provide proof of employment in the priority occupational cohort of health and social care workers (HSCWs) at a vaccination site but **can now also self-declare**

- The National Booking Service (NBS www.nhs.uk/book-covid-booster) is open to all adults wanting to book a vaccination. A new self-declaring pathway in the NBS will allow social care workers to make priority bookings for booster vaccinations, no earlier than 6 months after completion of their primary vaccine course.

On the NBS, this is the page for self-declaring frontline health and social care workers:



2. Scope

This standard operating procedure (SOP) describes the process to support the identification and vaccination of frontline social care workers as part of the COVID-19 Vaccination Programme.

This SOP does not apply to frontline social care workers within the JCVI priority cohort 1 (that is those who work within CQC registered residential settings for older adults) for which there is a separate operational guidance in place to support delivery.

This SOP is intended to support the NHS Vaccination Programme, employers[1] of frontline health and social care workers and care workers to develop an integrated approach, ensuring equitable access to and uptake of vaccination

The priority 2 cohort is frontline health and social care workers directly working with people clinically vulnerable to COVID-19 who need care and support irrespective of where they work (for example in people's own homes, day centres, care homes for working age adults or supported housing); whether they care for clinically at risk adults or children,[2] or who they are employed by for example local government, NHS, private sector, Personal Assistants or third sector employees

The social care worker roles as described is not prescriptive and the expectation is that vaccinators will exercise judgement when people present as frontline SCWs (not turn people away nor seek validation of status) and encourage completion of the vaccine.

[1] The term employer includes Local Authorities in their capacity as the employer of social care workers across adult and children's services. Within local authorities the DASS and ADCS provide the executive lead for these respective services and therefore it is likely that they will discharge the roles responsibilities and actions assigned to employers for their respective staff in adult and children services.

[2] The JCVI has identified children most at risk of COVID as those of any age who are clinically at risk eg severe neuro-disabilities, immunosuppression, Down's Syndrome, profound and multiple learning disabilities (PMLD), severe learning disabilities or those who are on the learning disability register should be offered COVID-19 vaccination. The committee also advised that only those children at very high risk of exposure and serious outcomes, such as older children with severe neuro-disabilities that require residential care, should be offered vaccination with either the Pfizer-BioNTech or the AstraZeneca vaccine (not appropriate for under 30s).

The government "Green Book", for immunisation against infectious disease defines frontline social workers to include:

- Social care workers
- carers (paid and unpaid) directly involved in the care of people
- social care support – eg welfare rights, voluntary and community sector workers
- Others involved directly in delivering social care such that they and vulnerable patients are at increased risk of exposure eg, housing associations and Local Authority landlords, who provide supported and sheltered housing schemes in England.

Therefore the term 'social care staff' is **not limited** to staff working in CQC registered services or the NHS.

The following are, however, **not** eligible within this priority group as defined by the JCVI:

- Administrative staff who do not have any direct contact with clients.
- Social care workers working with children who are not considered priority within the context of the JCVI priority cohorts 1-9 (children under 16 who do not have underlying health conditions leading to greater risk of disease or mortality and children who have no underlying health conditions).

3. When am I eligible for the Autumn Winter Booster 2022?

Reinforcing doses should not be given within three months of completion of the primary course (Green Book Sept 22).

The booster should ideally be offered from September, allowing a minimum of three months from the previous dose. The programme should prioritise delivery to those aged over 75 years and in care homes for older adults but recognising the need for operational flexibility based on the likely delivery models.

The aim should be to complete the campaign before December to provide additional protection in time for the expected winter peak of other seasonal viruses. Mop-up opportunities should then be offered up to the end of January.

Someone in the eligible groups above who has received a full course of primary vaccination (two or three doses) but has not received a booster before September 2022, may be given the autumn booster in the campaign provided there is at least three months from the previous dose. Additional doses are not then required.

Children in high-risk groups who turn five years of age after August 2022 will become eligible for primary vaccination and can also receive a booster during the autumn programme, provided there is at least three months since their second (or third) primary dose. (Green Book Sept 22)

Appendix 1 provides further detail on eligibility and self-declaration and offers a framework for use locally.

4. Roles and responsibilities

4.1 Local arrangements to maximise access and uptake

In February 2021 a self-declaring booking route was opened within the NBS to improve local access. This provided flexibility for social care workers to self-declare and book online or over the telephone. The self-declaring pathway will support priority access to the vaccines in this programme.

The vaccination programme offers access to hundreds of walk-in centres, mobile and pop-up sites across the country without the need to book in advance through www.nhs.uk/grab-a-jab.

As in previous vaccination rounds, all organisations and employers within the local health and social care system should ensure their local approach to reach eligible social care workers considers a) equality of access and health inequalities by following JCVI advice and b) the adult social care risk reduction framework to prioritising those staff at high risk.

All organisations and employers within the local health and social care system should continue to take steps to reach frontline social care workers using the extensive resources which were developed during the previous rounds to build vaccine confidence and include:

- bespoke communications materials (posters, videos, leaflets, and shareable social media assets) shared across a variety of channels
- encourage use of the National Booking Service and self-declarations
- a stakeholder toolkit (Q&As, guidance and communications materials)
- positive messaging using influencers, leaders and care home workers who have already been vaccinated to boost confidence and tackle misinformation
- content in different languages and briefings with different faith groups who have expressed interest in co-creating vaccine content
- webinars for social care workers, including those where clinical experts answered social care workers' questions and concerns about the vaccine

- good practice for increasing vaccine confidence and uptake among ethnic minority groups, such as the Bridging the Uptake Gap BABAC Bridging the Uptake Gap BABAC toolkit

For this autumn/winter flu vaccination and COVID-19 boosters will be critical to protecting lives, livelihoods and the NHS. Communications will play a critical role in maximising uptake of both vaccines among eligible groups. This includes:

- An integrated campaign signalling the importance of both vaccines building on learnings from previous flu and COVID-19 vaccine marketing activity to inform the public about the threat of both viruses circulating this winter, overcome barriers to vaccine uptake and hero the benefits of vaccines to increase intention to get vaccinated and get protected.

- A multi-channel marketing programme which includes TV/BVOD, audio, social & digital media, OOH, multicultural media, PR and partnerships activity. The campaign launches with some priming audience targeted social media activity and PR in early October, with the broadcast launch going live later in the month and running into late December.

- Resources available at (please register to download):
  - Health and Social Care Workers Winter | Campaign Resource Centre (phe.gov.uk)
  - Winter Vaccinations Public Facing Campaign | Campaign Resource Centre (phe.gov.uk)

Many local systems have also developed resources and measures to support those with low vaccine confidence. These should continue to be developed and good practice shared to cover concerns such as vaccination linked to family planning and pregnancy, needle phobia and understanding exemptions. Further resources to support winter vaccinations for social care workers can also be found here.

4.2 Actions required

4.2.1 Local NHS Vaccination Programme Lead

The Senior Responsible Officer (SRO) for the local Vaccination Programme is tasked with:

- ensuring that Hospital Hubs, Vaccination Centres and Local Vaccination Services have included preparations to vaccinate social care workers as part of their capacity and operating plans
- collecting point of care data for vaccination and recording individuals' status as a social care worker to measure vaccine uptake by this cohort
- ensuring vaccination delivery sites are responsive to changes in data collection systems
- delivery of locality plans to maximise access to and uptake of vaccinations by frontline social care workers.

4.2.2 Providers and employers of social care workers

Providers and employers (which may include the Local Authority and NHS organisations) employing frontline social care workers should assist in:

- providing information to employees to make them aware of the national offer through the NBS and using www.nhs.uk/grab-a-jab
- identifying the total number of eligible frontline social care workers for vaccination
- ensuring all eligible workers receive the offer for vaccination, consent form, vaccine information leaflets and information on about how to access vaccinations which would include information for women of childbearing age
- understanding where staff can access the nearest clinics when providers and employers have staff working in different Local Authority areas
- continuing to encourage social care staff to locate their NHS number if they do not know it or do not have one
- seeking advice in the event of an outbreak of COVID-19 or another infectious disease
- CQC-registered providers should report uptake directly through the Capacity Tracker.
- helping to ensure changes are implemented

- consider how to maximise the uptake of vaccinations through conversations with care staff and utilising nationally available communication materials such as Health and Social Care Workers Winter | Campaign Resource Centre (phe.gov.uk) and Winter Vaccinations Public Facing Campaign | Campaign Resource Centre (phe.gov.uk)

In line with the Equality Act 2010 all organisations and employers within the local health and social care system should ensure the local approach to reach eligible individuals in cohort 2 considers equality of access and health inequalities. They should take steps to ensure equitable access to vaccinations for the eligible social care workforce employed within the Local Authority area including reasonable adjustments to allow for equitable access by individuals with protected characteristics.

All employers should ensure that internal arrangements to identify eligible frontline workers takes into account the JCVI recommendations that within this cohort, employers should prioritise frontline staff:

- At high risk of acquiring infection
- At high individual risk of developing serious disease, or
- At risk of transmitting infection to multiple vulnerable persons or other staff.

4.2.3 NHS Vaccination Providers and the NBS

The NBS will continue to provide access for unvaccinated adults, including unvaccinated social care workers to directly book their COVID-19 vaccination appointments.

Each Hospital Hub, Vaccination Centre, PCN and community pharmacy within the Local Vaccination Service will be responsible for:

- Operating effective booking systems for vaccination clinics which confirm disabled access arrangements on site and the ‘on the day arrangements’ for the vaccination appointment.
- Providing details of pop-up, walk-in and mobile sites at www.nhs.uk/grab-a-jab.
- Providing details of how to book appointments; ensuring that this is set out in relevant information provided to employers and frontline care workers

- To support self-declarations, appropriate ID checks (not about status) are undertaken when individuals check in at vaccination sites (see Appendix 3). Examples of suitable ID are:
  - a photo ID badge
  - a recent payslip
- Confirming vaccination history before a booster vaccination is administered. This is to ensure the booster dose is due and that the booster complies with JCVI guidance on vaccine products. A PHE record card with the vaccine name, batch number and the date of the second vaccination will need to be completed.
- Where it is operationally practical, vaccination delivery sites should promote and co-administer COVID-19 boosters and Flu vaccines to frontline social care workers in line with JCVI guidance and Green Book.
- Administering the vaccination (following the required clinical process).
- Providing the recipient with a record card, completed with name of vaccine, batch number and date of their vaccination.

4.2.4 Community-based frontline social care workers

Individual frontline social care workers are advised to:

- get both the COVID-19 and flu vaccine as soon as they can for full protection, rather than waiting to get both at the same time
- where social care workers have low vaccine confidence, they should access appropriate workplace support where available to address concerns about the vaccine in the first instance. Accessing support and information will help them consider personal and professional responsibilities for keeping themselves, clients and colleagues safe.
- get the COVID-19 booster vaccination as soon as it is available to them via the following routes:
  - as workplace based vaccinations if working in care homes
  - through the NBS including use of the self-declaration route for booking priority booster vaccinations
  - through sites which are available using the link www.nhs.uk/grab-a-jab.
- take action to locate their NHS number if they do not know it.

- take action to book their own vaccination appointment with local vaccination services at a community pharmacy as these become available locally or at the PCN site working with their GP.
- provide the necessary information, as requested during the vaccination appointment. This includes providing necessary ID and evidence of employment, the information as requested on the consent form (see Appendix 2b) to assist in the safe delivery and overall monitoring of the National Vaccination Programme. Your NHS number should be recorded in any Covid tests undertaken. Where an individual is unable to provide their NHS number, their name, date of birth, home address and the name and address of the GP and practice where they are registered must be completed on the consent form enable their NHS number to be confirmed.
- ensure that they have completed the appropriate consent forms (where appropriate) or provided their consent at a vaccination centre (example of a consent form is in appendix 5.

4.2.5 GP practices

GP practices are responsible for:

- supporting the roll out of the COVID-19 Autumn Winter 2022 vaccinations by continuing to work in conjunction with local vaccination services at GP practices in line with JCVI advice. This includes plans for co-promotion and opportunistic co-administration or concomitant administration of COVID-19 vaccines and Flu vaccinations in line with JCVI clinical advice.

4.2.6 Local Authorities

Local Authorities can support uptake through:

- continuing to encourage providers to regularly update their vaccination data on Capacity Tracker.
- working with the social care providers to promote COVID-19 boosters and Flu vaccines for all eligible frontline social care workers in their area, in line with JCVI and UKHSA guidance with groups who are eligible for the influenza immunisation programme detailed in appendix A).
- working in partnership with the Local vaccination service and local SRO to ensure that social care workforce understand the Autumn Winter seasonal booster offer

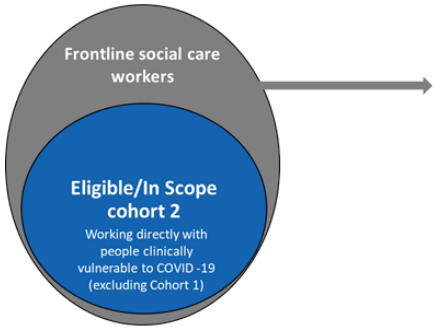
- supporting social care providers in encouraging and supporting their social care workforce to come forward for their vaccination (the DASS and DPH can advise on eligible cohorts if providers are unsure on eligibility)
- supporting the vaccination SRO understand the capacity for block bookings available to social care to meet demand.
- working with the NHS Local Vaccination SRO and providers and employers from across the Local Authority area to ensure that robust processes are in place to identify, invite and vaccinate all eligible frontline social care workers in a way which is appropriate for this cohort, their clients, employers and addresses equality of access and health inequalities
- ensuring vaccination delivery sites are responsive to changes in data collection systems.

Appendix 1

Scope example

Figure 1 below recognises that those in scope will be a subset of frontline social care work roles as defined Skills for Care,[3] specifically those who are directly working with people clinically at risk to COVID-19. (It is recognised that local employers may further define job roles and titles with which the social care workforce will more readily identify, and therefore local processes to identify the frontline social care workforce should take this into account.)

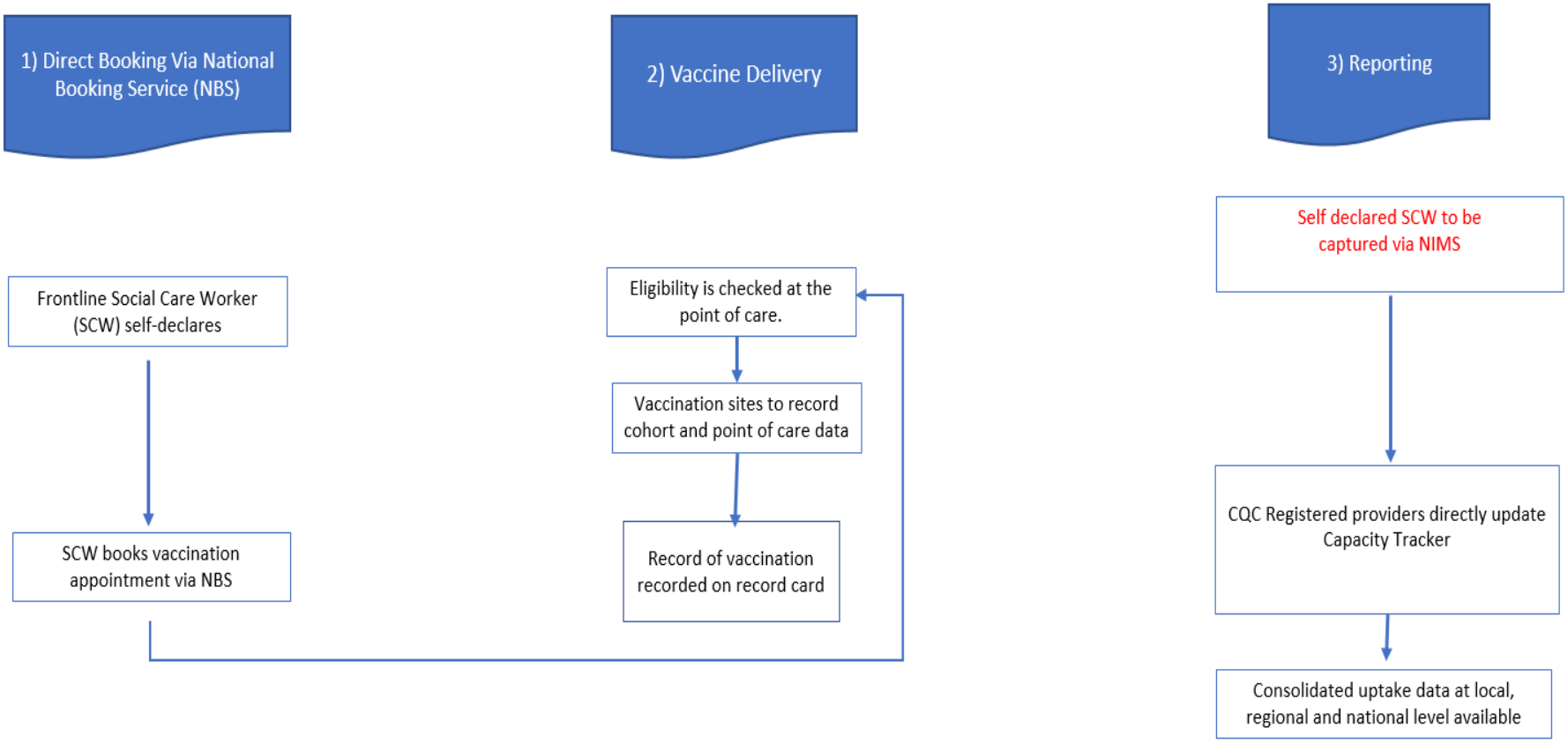
Figure 1: Scope example



Occupational Group	Example of Roles in Scope
Direct care - These roles involve directly working with people who need care and support.	• Activities worker • Care worker • Personal Assistant • Rehabilitation, reablement, enablement worker • Shared lives Carer • Advocacy worker
Management - These roles involve managerial responsibility for a small team, or a whole service.	• Team leader or supervisor • Manager • Deputy Manager or team leader • Specialist coordinator, such as Dementia or end of life care coordinator
Social care support – These roles provide direct support and administrative functions	• Housing support Officer • Volunteer coordinator • Social care prescriber/Care Navigator • Welfare rights • Employment advisor • Administration roles including finance, HR marketing • Trainer or assessor
Ancillary - These roles do not involve direct care but are vital to the running of social care services.	• Cook or Kitchen assistant • Housekeeping or domestic worker • Driver or transport manager • Maintenance

[3] Skills for Care is part of the Skills for Care and Development (SfC&D). This is the sector skills council for people working in social work and social care for adults in the UK.

Process flow



Tables of roles and responsibilities

Body	Key Roles and Responsibilities
Local Authorities[4]	Local authorities – key place based partners of the local NHS Vaccination Programme to maximise uptake of vaccination. Local Authorities, as employers and through the statutory roles of the DASS and DPH, will help the NHS and social care providers identify paid and unpaid social care workforces.
Local NHS Vaccination Programme[5]	The NHS commissions and provides the vaccination programme for England therefore the local SRO needs to work with the Local Authority and social care provider organisations to ensure maximum uptake of the vaccine. Locality NHS plans should reflect engagement with the LA, social care providers and voluntary and community sector organisations.
Employers of eligible frontline social care workers (including Local Authorities and NHS)	Social care providers should ensure that eligible staff are identified and encouraged to be vaccinated. Communications should be provided on how to access vaccination clinics in the locality. Employers should facilitate and actively support access to vaccination, recognising the benefits to the safety of staff and clients. They should consider logistics of releasing staff while maintaining safe delivery of services. CQC registered providers should report uptake directly through the Capacity Tracker.

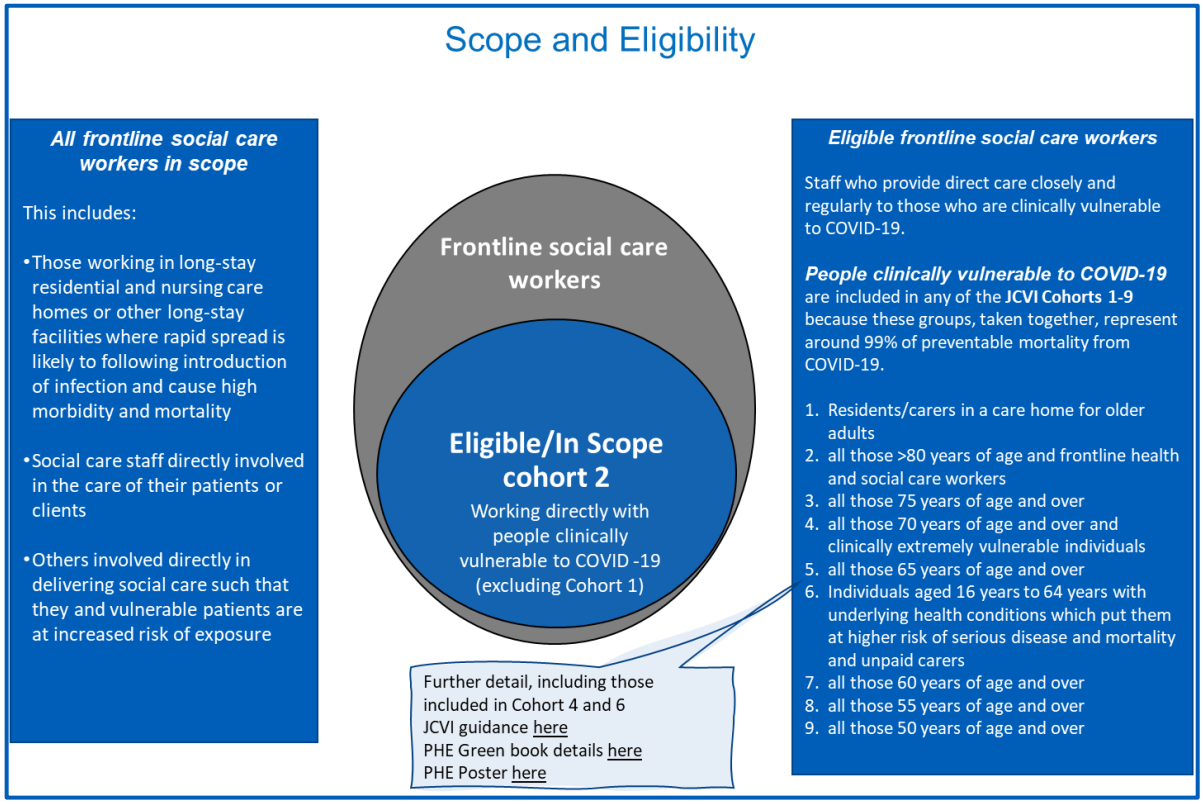
[4] All Local Authorities have been required to identify a lead officer to work with the NHS to support the delivery of the Covid-19 Vaccination Programme.

[5] There is an NHS Vaccination Programme Lead for each NHS Strategic Transformation Partnership (STP) or Integrated Care System (STM), with an identified Senior Responsible Officer

NHS Vaccination Service Providers (Hospital Hubs, Vaccination Centres, Local Vaccination Services)	Local Vaccination Lead and plans should detail optimal arrangements to maximise access and uptake of vaccinations for frontline social care workers. Vaccination delivery sites are clinically responsible for the administration of vaccinations in accordance with relevant guidance and operational frameworks.
Frontline Care Workers 1.	Frontline care workers should be aware of the offer for a seasonal vaccination. Local communications channels should promote benefits of vaccination. They should actively participate in the arrangements to access a vaccination in the locality. They should act in a way to safeguard resources by ensuring they attend booked appointments and ensure they have the necessary documentation to enable vaccination sites to validate their identity at the point of delivery. Additionally, workers should make efforts to access a Flu vaccination, being sure to follow the correct guidance and timelines between Flu and COVID-19 vaccination.

Framework for eligibility

This is a self-declaration process but the following is intended to provide some examples.

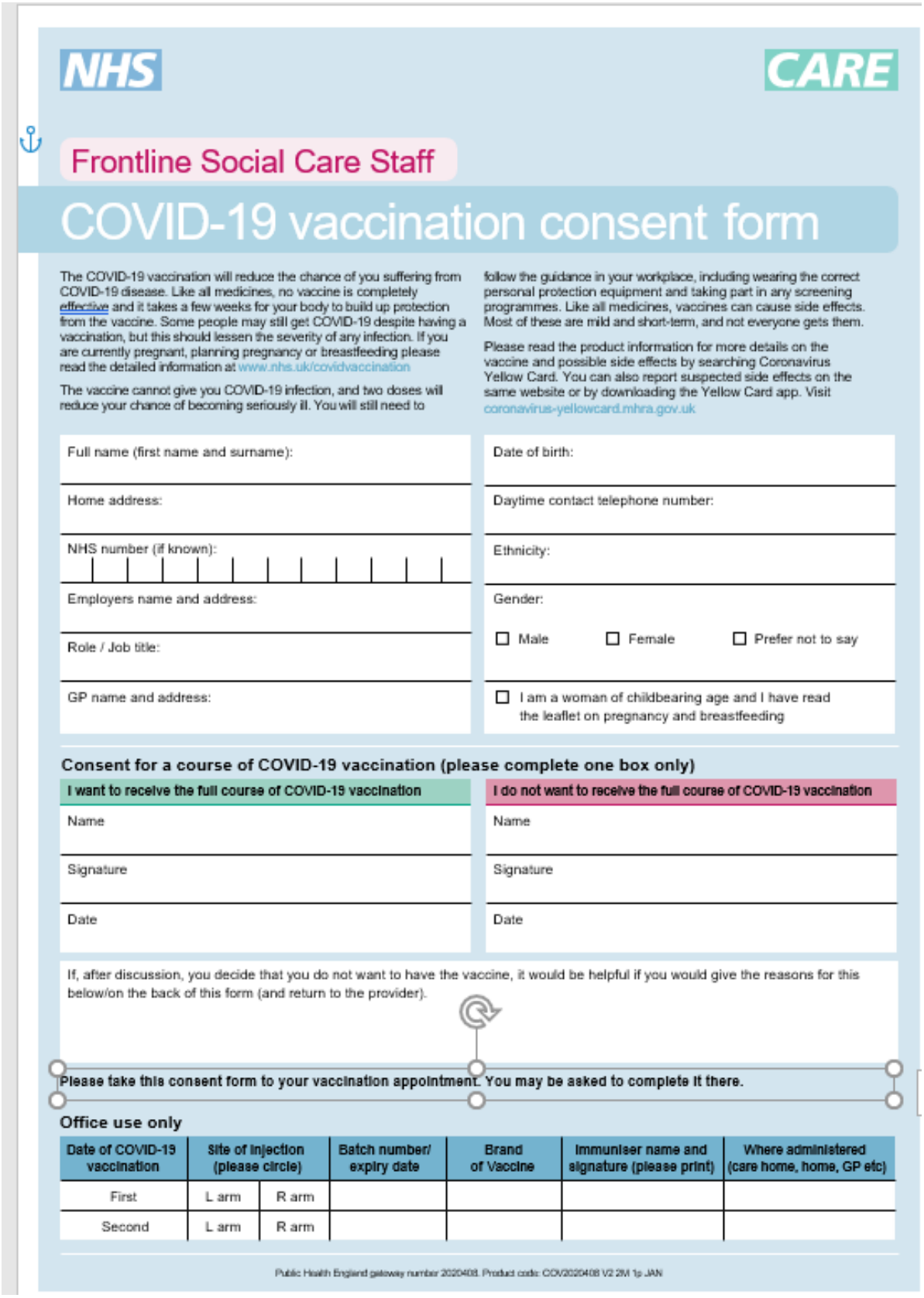


Examples of who is eligible based on self-declaration (not an exhaustive list but used for illustrative purposes only):

	Frontline care worker	Works with which person/s clinically vulnerable to Covid-19	Default Cohort 2	Comment
Supported housing, extra care and supporting living workers, including on site ancillary*	Yes	Yes: People of senior age; underlying health conditions; learning disabilities	Yes	Review services to other groups on individual basis
Homeless services including rough sleepers / shelter and street support teams and active volunteers	Yes	Possible: People with CEV; underlying health conditions	No	Review services to other groups on individual basis
Office workers with no face to face client contact	No	No	No	
Children and Family Social Workers	Yes	Possible: Children <16 with CEV; underlying health conditions	No	LA may review on individual service basis
Personal Assistants/Live in Carers	Yes	Yes: People of senior age; underlying health conditions (learning disabilities)	Yes	LA may review PAs for <16s on an individual basis
Women's Refuge workers, including volunteers on site ancillary staff*	Yes	Possible: People with CEV; underlying health conditions	No	LA may review on individual service basis
Telecare response services/ reablement / discharge support services	Yes	Yes: People of senior age; CEV; underlying health conditions;	Yes	
Hospices, including on site ancillary staff	Yes	Yes: People of senior age; people with CEV; underlying health conditions	Yes	Likely to be within health cohort

On site ancillary includes staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters and cleaners.

Consent form



NHS CARE

Frontline Social Care Staff

COVID-19 vaccination consent form

The COVID-19 vaccination will reduce the chance of you suffering from COVID-19 disease. Like all medicines, no vaccine is completely effective and it takes a few weeks for your body to build up protection from the vaccine. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection. If you are currently pregnant, planning pregnancy or breastfeeding please read the detailed information at www.nhs.uk/covidvaccination

The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill. You will still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes. Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them.

Please read the product information for more details on the vaccine and possible side effects by searching Coronavirus Yellow Card. You can also report suspected side effects on the same website or by downloading the Yellow Card app. Visit coronavirus-yellowcard.mhra.gov.uk

Full name (first name and surname):	Date of birth:
Home address:	Daytime contact telephone number:
NHS number (if known):	Ethnicity:
Employers name and address:	Gender: ☐ Male ☐ Female ☐ Prefer not to say
Role / Job title:	
GP name and address:	☐ I am a woman of childbearing age and I have read the leaflet on pregnancy and breastfeeding

Consent for a course of COVID-19 vaccination (please complete one box only)

I want to receive the full course of COVID-19 vaccination	I do not want to receive the full course of COVID-19 vaccination
Name	Name
Signature	Signature
Date	Date

If, after discussion, you decide that you do not want to have the vaccine, it would be helpful if you would give the reasons for this below/on the back of this form (and return to the provider).

Please take this consent form to your vaccination appointment. You may be asked to complete it there.

Office use only

Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ expiry date	Brand of Vaccine	Immuniser name and signature (please print)	Where administered (care home, home, GP etc)
First	L arm	R arm				
Second	L arm	R arm				

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