COVID-19 vaccination programme: workforce and training workstream

Workforce considerations for phase 3 adult vaccination

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Contents

This pack is for **regional workforce leads** and **lead employers** to support with planning for the adult cohort of phase three of the vaccination programme.

It covers clinical red lines and training requirements, **based on the current programme assumptions. It is therefore subject to change,** based on further JCVI guidance and National Protocol for flu.

Phase 3 adult vaccination

Covered in this pack:

1. Design principles
2. Clinical red lines
3. Workforce model requirements
4. Training considerations

Design principles

This section provides an overview of the design principles which are the basis for building appropriate workforce models for phase three's adult cohort, which includes COVID-19 boosters and the flu vaccine.

- Co-administration of flu and COVID-19 vaccines for adults will be clinically recommended and will be our planning default for vaccination centres to maximise uptake and productivity
- National Protocol is currently in development with PHE to be extended for the flu vaccine. This will enable the use of unregistered vaccinators and splitting the vaccination task into component parts – critical to deliver co-administration within existing delivery models
- Alignment of priority cohorts for the delivery of flu and COVID-19 is desired and work is underway on this
- Training materials and requirements are already in place for the delivery of the flu vaccine
- Eligible adults will be offered a single booster dose of the COVID-19 vaccine
- Eligible adults will be offered a single dose of flu vaccine; its type will be aligned to the particular cohort characteristics
- There is a single point of care system for flu and COVID-19
- There is a single consent process for flu and COVID-19
- Clinical red lines and design principles will remain the same for the COVID-19 vaccines as for phases 1 & 2
- Training for the COVID-19 vaccine will remain the same and future vaccine specific training will be developed (as vaccines are released)
- Staff will have to be trained and competent in all vaccines delivered on the site they are deployed to

Clinical red lines (1)

This table provides a summary of the workforce requirements based on the assumption that the National Protocol will be extended to the flu vaccination campaign. It also highlights the additional considerations that need to be in place if flu and COVID-19 vaccines are delivered concomitantly.

Vaccination stages	Clinical red lines for flu under NP	Additional considerations
Clinical assessment	Same standard as for COVID-19	• Questions likely to be adapted • Option to default out of one vaccine when co-administering (IT implications)
Consent	Same standard as for COVID-19	Option to default out of one vaccine when co-administering (IT implications)
Vaccine preparation	No dilution or draw up (pre-filled syringes)	Needles will need to be inserted into the syringe
Vaccine delivery	Same standard as for COVID-19	Additional training might be required for co-administration (e.g. for cases when both vaccines are administered in the same arm)
Post vaccination observation	No requirement, unless it is clinically indicated and for drivers	-
Vaccine supervision	Same standard as for COVID-19	Part of the National Protocol discussion

Clinical red lines (2)

Clinical assessment and consent:

COVID-19 vaccinations:

- The clinical assessment and consent process must be carried out by a trained registered healthcare professional only. Please note that not all registered healthcare professionals can undertake this task. Please consult the "Characteristics of Staff" section in the National Protocol for Pfizer, AstraZeneca and Moderna for full information on accepted staffing groups.
- The use of self-assessment apps or non-registered workforce, to support with pre-screening prior to arriving at the vaccination centre, is permitted but the actual assessment and consent on site must be carried out by a registered healthcare professional (more information can be found on page 17). **National Protocol does not allow delegation of Stage 1 (clinical assessment & consent) to a non-registered member of staff on the day of the vaccination. Local policies do not substitute and cannot overwrite the legal framework of the National Protocol.**

  Stage 1 represents:

  a. Assessment of the individual presenting for vaccination
  b. Provide information and obtain informed consent
  c. Provide advice to the individual

- There should be sufficient ratio of clinical assessors to pod staffing to meet throughput demands and avoid a bottleneck before the vaccination stage.

Flu vaccinations:

- The clinical assessment and consent requirements for flu administered concomitantly will be the same as for the COVID-19 vaccine.
- Clinical assessment questions are likely to be adapted and patients will have the right to opt out of one of the vaccines.

Vaccine preparation:

COVID-19 vaccinations:

- **Pfizer vaccine**: Dilution and drawing up should be carried out by experienced, trained and competent staff (experience and training not being mutually exclusive, staff need to demonstrate relevant previous experience and then to complete appropriate training and be signed off as competent), under the supervision of a doctor, nurse or pharmacist (if not one themselves). This includes experienced trained and competent unregistered staff with experience of *aseptic non-touch technique,* for example, but not limited to, those working as part of NHS aseptic teams or experienced HCAs working under supervision.

Clinical red lines (3)

Vaccine preparation (continued):

- **Moderna vaccine:** This vaccine does not require dilution. However drawing up of this vaccine should be carried out by experienced, trained and competent staff only (experience and training not being mutually exclusive, staff need to demonstrate relevant previous experience and then to complete appropriate training and be signed off as competent). They could be, but are not limited to, unregistered staff working as part of Aseptic teams or experienced HCAs.
- Volunteer vaccinators or unregistered staff without adequate competence and experience are not currently permitted to dilute Pfizer.
- The Moderna and Pfizer messenger RNA vaccine molecules are inherently unstable and particularly vulnerable to damage if mishandled. Any damage can lead to inefficacy of the vaccine. Hence the recommendation that those drawing up these vaccines have adequate prior experience and competence.
- **AstraZeneca vaccine**: This vaccine does not require dilution. However, it is presented in a multidose vial so it requires drawing up using aseptic technique. The drawing-up and vaccine administration can be completed by the same individual if this is considered locally to be more efficient. Registered and unregistered vaccinators can **only** be responsible for both the draw-up and the administration of the vaccine if:

    1. they have experience of and have received specific training on drawing up of multi-dose vials as well as aseptic technique and infection control procedures. This will need to be provided locally as there is no national provision. This needs to be structured training and not just a ‘see one, do one approach’.
    2. they have been signed off as competent to draw up the vaccine by a registered healthcare professional with experience and knowledge of aseptic technique.
    3. they work under the direct supervision of the Band 6 Clinical Supervisor role. Unregistered vaccinators will need to be directly supervised by a doctor, nurse or pharmacist. Supervision ratio is based on individual’s experience and competency. For inexperienced staff, a 1:2 ratio is recommended until the supervisor is assured of competency.

    If these three conditions cannot be met, a minimum banded 5 RHCP will be responsible for the draw-up of the vaccine. They can then either administer the vaccination themselves or pass it to the registered or unregistered vaccinator, ensuring the local SOP for safe transfer is followed. *Use of unregistered staff without appropriate experience of drawing up may affect throughput and numbers of doses that can be drawn up from vials.*

<u>Flu vaccinations:</u>

- There will be no requirement to dilute or draw up the flu vaccine as it comes in pre-filled syringes. The vaccinator will have to be appropriately trained and competent to insert the correct needle into the syringe.

Clinical red lines (4)

Vaccine administration:

COVID-19 vaccinations:

- The minimum standard for the vaccinator is a registered or an unregistered Vaccinator or a Band 3 HCA, which can be banded higher as determined locally. The vaccinator can only administer the vaccine under the supervision of a registered healthcare professional.

Flu vaccinations:

- Additional training might be required for co-administration (e.g. for cases when the two vaccines are not administered in separate arms).

Post-vaccination observation:

COVID-19 vaccinations:

- Pfizer and Moderna vaccines: A post vaccination observation period of 15 minutes is required.
- AstraZeneca: It is only required if the person being vaccinated is driving. However, the estate, access to equipment and access to staff trained in BLS should remain in place should this requirement change or be needed in the future.

Flu vaccinations:

- There will be the same requirement for flu as for the COVID-19 standard.

Clinical red lines (5)

Leadership and supervision:

COVID-19 vaccinations:

- Appropriate and sufficient escalation points (clinical and non-clinical) must be in place to ensure patient safety at all stages of the process and that site(s) run smoothly. The national design incorporates these appropriate levels of supervision throughout, i.e. a clinical lead who has overall accountability for the full process is available on site each day. This is usually the band 8a/8b role depending on local models.
- Under the National Protocol, a senior lead role, referred to as “Clinical Supervisor”, is required and should be accountable for the clinical supervision and accountability of the whole vaccination process. They must be a registered doctor, nurse or pharmacist trained and competent in all aspects of the protocol. The pod workforce model has assigned this function to the Band 8a Nursing Manager role which is an above pod level function and complies with the legislation. Page 16 describes the difference between the “Clinical Supervisor” in the National Protocol and the role of “COVID-19 Vaccination Programme – RHCP Clinical Supervisor (Vaccinations)” Band 6, which undertakes clinical supervisory responsibilities specific to practice within a single pod.
- All supervision requirements are clearly defined in the National Protocol for Pfizer, AstraZeneca and Moderna and should be followed as minimum standard to be in line with the legislation.

Flu vaccinations:

- There will be the same requirement for flu as for the COVID-19 standard as part of the National Protocol.

Non-clinical staff:

COVID-19 vaccinations:

- Local assessment for the right number of non-clinical staff needed (i.e. stewards, Front of House).

Flu vaccinations:

- There will be the same requirement for flu as for the COVID-19 standard as part of the National Protocol.

Clinical red lines (6)

Training:

COVID-19 vaccinations:

- In accordance with the PHE COVID-19 Vaccinator Training Recommendations, relevant staff should complete the COVID-19 Vaccination e-learning programme and the three core modules of the Immunisation e-learning programme. They should also have up-to-date training in anaphylaxis management, adult Basic Life Support (BLS) and intramuscular (IM) injection administration.
- Relevant staff should be assessed for competency against the PHE COVID-19: vaccinator competency assessment tool by a supervisor. Registered Healthcare professionals who are experienced vaccinators can complete a self-assessment.
- Face to face training is required for all non-registered and/or inexperienced vaccinators. Refresher face to face training for registered healthcare professionals should be considered to ensure consistency of practice regarding IM injection technique; dilution; and drawing up of vaccines – practitioners must be confident in these tasks.

Flu vaccinations:

- In accordance with the PHE Flu Immunisation Training Recommendations, relevant staff should complete the Flu Immunisation e-learning programme and the three core modules of the Immunisation e-learning programme. They should also have up-to-date training in anaphylaxis management, adult Basic Life Support (BLS) and intramuscular (IM) injection administration.
- Relevant staff should be assessed for competency against the PHE Flu Vaccinator Competency Assessment Tool by a supervisor. Registered Healthcare professionals who are experienced vaccinators can complete a self-assessment.
- Face to face training is required for all non-registered and/or inexperienced vaccinators. Refresher face to face training for registered healthcare professionals should be considered to ensure consistency of practice regarding IM injection technique – practitioners must be confident in this task.

Workforce model requirements

The adult booster vaccination will be delivered through the same delivery models as for Phase 1 & 2. Please refer to the national pod model guidance (found here) which will continue to serve as the primary workforce model in vaccination centres.

It is highly likely that the workforce models for adult co-administration of flu and COVID-19 will remain similar to Phase 1 & 2 guidance, but please consider what workforce is required (i.e. increasing the number of vaccinators in the pod) to maintain throughput levels and productivity.

Training requirements

Training requirements for COVID-19 vaccinators administering flu vaccines concomitantly with COVID-19 vaccinations: The Flu Immunisation Training Recommendations *(currently being updated for the 2021/2022 flu programme)* set out the minimum standards of training flu immunisers. Flu training should cover the topics in the Core Curriculum for Immunisation Training (for RHCPs or HCSWs) relevant to the immuniser's specific area of practice, the flu vaccine(s) that they will deliver and their role in delivering the flu vaccine programme.

No.	Core knowledge area	Need to complete?
1.	The aims of the current influenza vaccine policy	Yes via Flu Immunisation e-learning
2.	The immune response to influenza vaccines and how they work	Yes via Flu Immunisation e-learning
3.	Vaccine preventable diseases – influenza	Yes via Flu Immunisation e-learning
4.	The different types of vaccines, their composition and the indications and contraindications for influenza	Yes via Flu Immunisation e-learning
5.	Current issues relating to influenza	Yes via Flu Immunisation e-learning
6.	Communication with patients and parents about influenza	Yes via Flu Immunisation e-learning
7.	Legal issues including consent and use of PSDs and PGDs	No – already covered in COVID-19 vaccination e-learning
8.	Storage and handling of influenza vaccines	Yes via Flu Immunisation e-learning
9.	Correct administration of influenza vaccines	Yes via Flu Immunisation e-learning *(also the same as COVID vaccination i.e. via IM injection)*
10.	Anaphylaxis, basic life support and adverse reactions	No – already completed Anaphylaxis and BLS training for COVID-19 vaccinations
11.	Documentation, record keeping and reporting	No – they should already be clear on this from being involved in COVID-19 vaccinations *(also covered in Flu Immunisation e-learning) – if the PoC system is modified they may need to be refamiliarised with it*
12.	Strategies for the effective organisation of vaccination sessions	No – they should already be clear on this from being involved in COVID-19 vaccinations
13.	The role of the HCSW as an immuniser *[unregistered only]*	This should be refreshed by their Supervisor.
14.	Support for the HCSW e.g. supervision, mentorship and reflection *[unregistered only]*	This should be refreshed by their Supervisor.

Existing trained COVID-19 vaccinators would need to complete sessions 1 and 2 the Flu Immunisation e-learning modules and pass the module assessments *(currently being updated for the 2021/2022 flu programme)*. They should also be provided with a F2F opportunity for Q&A to address any concerns or questions around flu vaccination and concomitant administration. They should then be assessed and signed-off as competent against the Flu Vaccinator Competency Assessment Tool published by Public Health England (PHE).

Minimum DBS clearance requirements

Role	Role is provided by	Responsibility	Minimum DBS clearance requirement	
			Current state vaccination programme*	Phase three adult boosters
Volunteer Stewards	• Royal Voluntary Service	• Welcoming patients to the centres • Marshalling through the site	Not DBS checked	Not DBS checked
Registered Healthcare Practitioner	• NHS bank or substantive staff • Agency workers	• Clinical assessment and consent • Vaccine preparation (dilution and draw up of the vaccine) • Vaccine administration using IM technique • Clinical supervision	Enhanced DBS check with adults barred lists information	Enhanced DBS check with adults barred lists information
Unregistered vaccinators	• NHS bank or substantive staff • NHS Professionals • Agency workers	• Vaccine preparation (dilution and draw up of the vaccine) • Vaccine administration using IM technique	Enhanced DBS check with adults barred lists information	Enhanced DBS check with adults barred lists information
St John Ambulance volunteers	• St John Ambulance	• Vaccine preparation (draw up of the vaccine) • Vaccine administration using IM technique • Post vaccination observation	Enhanced DBS check without adult barred list information	Enhanced DBS check without adult barred list information
Healthcare support workers	• NHS bank or substantive staff • Agency workers	• Vaccine preparation (dilution and draw up of the vaccine) • Vaccine administration using IM technique • Post vaccination observation	Enhanced DBS check with adults barred lists information	Enhanced DBS check with adults barred lists information
Admin	• NHS bank or substantive staff • Agency workers	• Welcoming patients to the centres • Patient and vaccine record keeping	Standard disclosure	Standard disclosure

*More details can be found in Appendix 1.

Appendix 1:
Disclosure and Barring Service checks – current programme assumptions

The DBS free and fast track service is strictly limited to regulated activity and where healthcare is being delivered by a registered healthcare professional, or under the direction or supervision of a registered healthcare professional. Latest advice suggests those administering the vaccine would fall under this definition and would therefore be eligible for a free and fast track DBS. However, the need to obtain a check is dependent on the factors outlined below:

Workforce	DBS guidance
Healthcare workers already working in the NHS	• Staff who have had a DBS check within the last three years, or are subscribed to the DBS Update Service, do not need to be rechecked. • Where this is not the case, e.g. the DBS check was carried out more than three years ago, or their original disclosure showed offences that might need to be considered, then consideration must be given as to whether a new check would be required. • Those newly recruited to the NHS to work in regulated activity will be eligible for a free and fast track check.
Support roles (non-regulated activity)	• Recruitment to non-regulated role may require DBS check. • Although there is no equivalent fast track service for support roles, provisions are in place to enable them to start work or volunteer under supervision, until their disclosure is received (in line with lead employer processes). • NHS Employers has produced a guide outlining a range of role based scenarios and eligibility for different levels of check.
Recruitment through NHS Professionals	• The national contract requires all staff and workers recruited by NHS Professionals to be DBS checked.
Volunteers	• Royal Voluntary Service volunteers will not be conducting regulated activity and will not be subject to a DBS check. • St John Ambulance are likely to have had DBS clearances but assurance will be required. SJA is contracted to DBS to check their staff.

DBS guidance on COVID-19 roles which would be eligible for this type of check can be found on gov.uk.

Appendix 2:
Training requirements for COVID-19 vaccination of adults

Public Health England (PHE) set out National Minimum Standards for Core Curriculum for Immunisation Training for Healthcare Support Workers and the training recommendations for COVID-19 Vaccinators. These recommendations relate to any staff member or volunteer who is involved in the vaccination process (clinical assessment, vaccine preparation, administration or record keeping) or is responsible for supervising vaccination activity. The training requirements differ depending on their registration status and previous experience, as set out in Appendix A of the recommendations. The training pathways developed by the programme are based on these recommendations.

The training set out in the PHE recommendations includes:

- Core Immunisation training (vaccine storage, vaccine administration and legal aspects)
- COVID-19 Vaccination e-learning (Core Knowledge and vaccine-specific sessions and assessments)
- Anaphylaxis and BLS training
- IM injection training
- Statutory/mandatory training as mandated by the employer
- Face-to-face/virtual training about the COVID-19 vaccination programme is recommended to provide the opportunity for Q&A.

All staff and volunteers should receive a site onboarding covering site-specific health and safety, fire safety, IPC policy, PPE requirements, equipment familiarisation and IT system training as appropriate to their role.

Individuals then need to be signed-off against the PHE COVID-19 Vaccinator Competency Assessment Tool – for inexperienced vaccinators this should include a period of supervised practice and sign off by a RHCP who is experienced in vaccination, whilst experienced vaccinators may complete a self-assessment.

Appendix 3:
The role of the Clinical Supervisor under the National Protocol

The term ‘clinical supervisor’ in the National Protocols applies to a senior lead role accountable for the clinical supervision of the whole vaccination process. This role is different to the health care professional responsible for supervising non-registered staff within a single pod (the Band 6 ‘COVID-19 Vaccination Programme - RHCP Clinical Supervisor (Vaccinations)’ role).

The remit of the clinical supervisor is defined as: ‘A clinical supervisor, who must be a registered doctor, nurse or pharmacist trained and competent in all aspects of the protocol, must be present and take overall responsibility for provision of vaccination under the protocol at all times and be identifiable to service users.’’

The pod workforce model assigns this function to the Band 8a Nursing Manager role, an above pod level function which complies with the legislation. This role could equally be carried out by a doctor or pharmacist. The Band 8a Nursing Manager job description includes the following responsibilities:

‘’The post holder will be responsible for clinical oversight of multiple vaccination and post-vaccination observation pods within a vaccination centre.’’
And
‘’Ensure the centre and national policies including Patient Group Directions (PGDs) and national protocols or standard operating procedures (SOPs) are followed.’’

The Band 6 ‘*COVID-19 Vaccination Programme - RHCP Clinical Supervisor (Vaccinations)’* role also undertakes a clinical supervisory role by overseeing a team of vaccinators, however responsibilities are specific to practice within a single pod – their role is to: ‘’Undertake a clinical supervisory role, overseeing several non-registered vaccinators, Band 5 HCP for clinical assessment and drawing-up and post vaccination observation SJA volunteers.’’

Further details on the legal mechanisms and national protocols: https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/legal-mechanisms/

Appendix 4:
Key principles for consent

- Consent must be obtained before starting any treatment or physical investigation or before providing personal care for a patient; this is standard NHS practice and is a legal requirement. Consent also needs to be checked each time a patient has any type of medical treatment, test or examination.
- For consent to be valid, it must be given **voluntarily** by an **appropriately informed** person who has the **capacity** to make the decision.
- Best practice includes offering as much information as the patient reasonably needs to make their decision so consideration will need to be given to the type of information the patient receives, this includes information in other languages or easy read leaflets and the opportunity to speak to a healthcare professional and ask questions.
- Consent must be obtained by a registered health professional. The registered professional should ensure that the person (or those with authority to give consent on their behalf) fully understands which immunisation(s) are to be administered; the disease(s) against which they will protect; the risks of not proceeding; the side effects that may occur and how these should be dealt with; and any follow-up action required. It is the healthcare professional who decides whether the person has the capacity to make that decision.
- Whilst other staff can support the process, by providing information (often in advance) or supporting with gathering information i.e. pre-screening or asking questions in advance, the ultimate decision on whether valid consent has been given and the decision to proceed with vaccination lies with the registered healthcare professional. This task cannot be delegated.