

COVID-19 vaccination programme Workforce and training workstream

Workforce considerations for phase 3 Children 16-17 of the vaccination programme

NOT TO BE SHARED EXTERNALLY

Version 2, 15 July 2021

Statement for vaccinating 16-17 year olds in existing delivery models

Children of age 16 to 18 can be offered the Pfizer vaccination if they are part of a priority group within the existing JCVI guidance. The programme assumption is that this cohort will be vaccinated through LVS sites but with the focus on increasing cohort uptake in some instances VCs are more accessible for this cohort. The same workforce requirements will continue to apply but consideration does need to be given on the additional checks and training requirements for management of young people.

Minimum standards required:

- **DBS checks:** The DBS service classifies a child as anyone under the age of 18 years of age. Advice from the Home Office has been given on the minimum DBS requirements needed to support the vaccination of 16-17 year olds across existing delivery models:

Vaccination cohorts	Roles					
	Volunteer Stewards	Registered healthcare practitioner	Unregistered vaccinator	Healthcare support workers	St John Ambulance volunteer	Admin
Current state vaccination programme	Not DBS checked	Enhanced DBS check with adults barred lists information			Enhanced DBS check <u>without</u> adult barred list information	Standard disclosure
Vaccination of 16-17 year olds	Not DBS checked*				Enhanced DBS check <u>with</u> adult and child barred lists information	Standard disclosure*

**Appropriate supervision is required to be in place, and the supervisor will need to hold an Enhanced DBS check with adult and child barred lists information.*

- **Additional workforce requirements** to ensure the safety of this cohort:
 - There should be an identified on-site registrant competent in dealing with and vaccinating young people to respond to any challenging situations
 - There should be an identified on-site Safeguarding Lead who is trained to a Level 3 standard in Safeguarding Children and Safeguarding Adults
 - RHCPs, Vaccinators and Post-Vaccination Observers are appropriately trained in L2 BLS for paediatrics and paediatric anaphylaxis management
 - If National Protocol is followed, a clinical supervisor (doctor, nurse or pharmacist) who is competent in all aspects of the vaccination process, including the competencies of all staff, should be available on site

Clinical red lines for vaccinating 16-17 year olds in existing delivery models



Clinical assessment and consent:

- Consent for young people will be in alignment with the Green Book chapter on consent. Children, or those giving consent on their behalf, must be given enough information to enable them to make a decision before they give consent. This should include information about the process, benefits and risks of the Covid-19 vaccination. Consent needs to be agreed prior to vaccinating the child and documented.
- Children 16 and over can complete their own consent.
- Consent can be withdrawn at any given time during the course of the vaccination. If children over 16s or a Gillick-competent child consent to treatment, a parent cannot override that consent.
- The clinical assessment and consent process must be carried out by a **trained registered healthcare professional only**.
- Clinical screening questions will need to be answered and documented prior to the child being vaccinated. The same questions will apply as the current process within the IT system. The use of self-assessment apps or non-registered workforce to support the completion of questions is permitted, but the actual clinical review and assessment of eligibility for the vaccination must be carried out by a registered healthcare professional.
- On the day of the vaccination, children will need to be asked if they are feeling well, if they are happy to get their vaccination and have addressed any questions or concerns.
- Staff need to recognise that children may need more time to process the information so this should be factored in when considering pace of delivery.

Vaccine preparation and delivery:

- Dilution and draw up must be carried out by an appropriately trained and competent member of staff with **recent experience in dilution and drawing up using aseptic non-touch technique** under supervision or by a doctor, nurse or pharmacist with experience in aseptic technique.
- **The minimum standard** for an individual to be able to administer the vaccine to children 16 and above is a registered or unregistered vaccinator under the supervision of a registered healthcare professional, as per the requirements for the adult cohort. A visual assessment of the child's BMI is recommended to be undertaken and the child should be passed on to the registered healthcare professional when required.

Clinical red lines for vaccinating 16-17 year olds in existing delivery models



Post vaccination observation:

- 15 minute post vaccination observation will be required and appropriate paediatric equipment for this cohort should be in place.
- Workforce will need to be appropriately trained in BLS for paediatrics and paediatric anaphylaxis management. The BLS paediatric guidance is for children up to the age of 18 and therefore vaccination centres must have individuals on site who are paediatric BLS trained for vaccination of children 16-17 years of age. This would include registered healthcare professionals, vaccinators (registered or unregistered) and post-vaccination observation volunteers.

Supervision:

- Appropriate and sufficient escalation points (clinical and non-clinical) must be in place to ensure patient safety at all stages of the process and to be defined at local level.
- Minimum standard is a doctor, nurse or a pharmacist who is competent in all aspects of the vaccination process, as per the National Protocol requirement, including the competencies of all staff they are supervising.

Non-clinical staff:

- Consideration should be made to identify workforce requirements at a local level to ensure the required non-clinical roles are being filled.
- There will be an increased requirement for administrative resource to manage the consent process for this vaccination.

Other considerations:

- Registered healthcare professionals, unregistered vaccinators, healthcare support workers and SJA volunteers in the role of a vaccinator and post-vaccination observation will require Enhanced DBS checking with adult and child barred lists information for cohort of children aged 16-17 years. Volunteer stewards will not require DBS checks for this cohort if they are supervised by a member of staff with Enhanced DBS check.
- The NHS Employers employment check standards set out what the requirements are: www.nhsemployers.org
- Consideration needs to be given for managing disclosure from the child and for handling more sensitive topics such as questions around pregnancy.

Training requirements for vaccinating 16-17 year olds in existing delivery models



The training requirements listed below are **in addition to** the standard training requirements for staff involved in COVID-19 vaccination of adults (a reminder is in slide 8 in the appendix).

1. **Safeguarding:**

- RHCPs should at least provide a self-declaration of compliance with L2 Child Safeguarding training and L2 Adult Safeguarding training.
- Unregistered staff should provide evidence of completion of L2 Child Safeguarding and L2 Adult Safeguarding training.
- There should be an identified on-site Safeguarding Lead who is trained to a Level 3 standard in Safeguarding Children and Safeguarding Adults.

2. **Basic Life Support:**

- All clinical staff (RHCPs and vaccinators) should be trained to a L2 standard in Paediatric BLS. Delivery of this training (e-learning and/or face-to-face training) is down to local determination based on local policy.
 - The decision to provide Adult or Paediatric BLS should then be based on a visual assessment of the individual's size rather than their age.
- All clinical staff (RHCPs and vaccinators) should also be trained in using a defibrillator.
- Unregistered staff (other than vaccinators) are not required to complete Paediatric BLS training.

3. **Consent:**

- Training refresher for RHCPs conducting the consent task to ensure they are aware that this cohort can self-consent and that the children are appropriately informed to consent.

4. **Handling difficult conversations:**

- RHCPs conducting clinical assessment should be trained to appropriately handle difficult conversations and delicate situations (e.g. in situations where the child is accompanied by a parent and needs to answer the question around pregnancy).

5. **IM injection administration:**

- Vaccinators should refresh their knowledge of IM injection technique to ensure safety of children with smaller muscle mass and appropriate needle choice. This should be based on a visual assessment of the individual's BMI (as it is for adults) rather than age.

6. **Responding to psychogenic reactions to needles:**

- Vaccinators should receive training in responding to psychogenic reactions, such as fainting, which occur more commonly in younger cohorts.

Training requirements for vaccinating 16-17 year olds in existing delivery models



	Infection Prevention & Control	Safeguarding Adults**	Safeguarding Children**	Resuscitation	Data Security Awareness	Moving & Handling	Health, Safety & welfare	Fire Safety	Equality, Diversity & Human Rights	Conflict Resolution	Preventing Radicalisation
RHCPs	✓ L2	✓ L2	✓ L2*	✓ L2 Adults & L2 Paediatric	✓ L1	✗	✓	✗	✗	✗	✗
Unregistered Vaccinators	✓ L1 & L2	✓ L2*	✓ L2*	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1
HCA's	✓ L1 & L2	✓ L2*	✓ L2*	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1
Admin Support	✓ L1 & L2	✓ L2*	✓ L2*	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1	✓ L1
SJA Vaccination Care Volunteers	✓ SJA training	✓ TBC	✓ TBC	✓ SJA training (Adult & Paediatric)	✓ SJA training	✗	✓ Induction	✓ Induction	✓ SJA training	✓ SJA training	✗
SJA Patient Advocates	✓ SJA training	✓ TBC	✓ TBC	✗	✓ SJA training	✗	✓ Induction	✓ Induction	✓ SJA training	✓ SJA training	✗
Volunteer Marshals (RVS / Local)	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

Key:

- ✓ Needs to provide evidence of completion
- ✓ Self-declaration of compliance accepted
- ✗ Not required

*Change from requirements for adult vaccinations.

**There should be an identified on-site Safeguarding Lead (i.e. the Shift Leader) who is trained to a Level 3 standard in Safeguarding Children and Safeguarding Adults.

Frequency of Statutory/Mandatory Training Refresh



Frequency of statutory/mandatory training refresh is determined based on local policy.

The recommended frequency for refreshment of statutory/mandatory training outlined in the [UK Core Skills Training Framework](#) is listed below.

Subject	Level	Recommended frequency of training refresh
Equality, Diversity & Human Rights	Level 1	3 years
Health, Safety & Welfare	Level 1	3 years
Conflict Resolution	Level 1	3 years
Fire Safety	Level 1	2 years + covered in site induction whenever starting at a new site
Infection Prevention & Control	Level 1	3 years
	Level 2	1 year
Moving & Handling	Level 1	3 years
Safeguarding Adults	Level 1	3 years
	Level 2	3 years
	Level 3	3 years
Safeguarding Children	Level 1	3 years
	Level 2	3 years
	Level 3	3 years
Resuscitation	Level 1	1 year
	Level 2 Adults	1 year
	Level 2 Paediatric	1 year
Data Security Awareness (Information Governance)	Level 1	1 year
Preventing Radicalisation	Level 1	3 years

Please note: Staff recruited through NHS Professionals are required to provide evidence of completion of relevant statutory/mandatory e-learning modules within the past 12 months.

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.