



ICARS Newsletter

Issue 71: 14th January 2022

Immunisation Clinical Advice Response Service

About this bulletin:

For any COVID-19 vaccination related queries or to escalate an incident please contact: england.swicars@nhs.net

PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE VACCINATION PROGRAMME

Please note that ICARS operates from 9am - 5pm Monday to Friday.

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1. UPDATE: Comirnaty® 30 micrograms/dose COVID-19 mRNA vaccine PGD and National Protocol

The Comirnaty® (Pfizer BioNTech) Patient Group Direction (PGD) and National Protocol has been revised and is available [here](#). They have been updated in line with the Green Book Chapter 14a revision and now include updated details about boosters for those aged 12-17 years.

Whilst the national go-live for boosters for those eligible aged 12-17 years old is scheduled for 17 January, sites can start vaccinating now that the PGD has been updated and published, and start invitations via Local Booking Systems or offer walk-in clinics for this cohort.

Please note the amended title of this document, referring to Comirnaty® 30 micrograms/dose COVID-19 mRNA vaccine. This is a distinction made in line with plans for the new Comirnaty® 10 micrograms/dose COVID-19 mRNA vaccine, which will become available in the coming weeks. A further terminology amendment is a change from 'a booster dose' to 'boosters'. Details have been added to the Cautions section in relation to Previous Immune Thrombocytopenia, including guidance about platelet monitoring. Additional amendments regarding pregnancy as well as allergy have been made. Details of the amendments are summarised in the Change History sections of the documents. Vaccinating teams must familiarise themselves with all the revisions throughout the documents and ensure that they are authorised and working to the most up to date and current version of these legal documents.

2. NEW: Temporary suspension of the 15-minute observation period following vaccination with COVID-19 mRNA vaccine

Full details of the temporary suspension of the 15-minute observation following COVID-19 mRNA vaccination in some patients were included in the Clinical Bulletin published on [December 16th](#).

All sites should ensure staff (including volunteers) are aware of the following:

- **Vaccination sites should retain an observation and monitoring area.**

- This temporary suspension only applies to individuals who do not have a personal history of allergy. Table 5 from the [Green Book Chapter 14a](#) regarding the 'Management of patients with a history of allergy' includes recommendations for observation following vaccination of this group.
- A 15-minute observation period is also recommended for those individuals who had non-allergic reactions such as vasovagal episodes, non-urticarial skin reaction or non-specific symptoms following previous vaccine doses.
- Following vaccination with any of the COVID-19 vaccines, all individuals should be observed for any immediate reactions whilst they are receiving information and, where applicable, leaving the site. If at any point during this time an individual appears unwell or there are concerns about potential adverse effects, they should be advised to remain on site for a period of observation and monitoring.
- **Due to the risk of fainting and other side effects, all individuals who are vaccinated should be strongly advised not to drive for at least 15 minutes after receiving their vaccine.**
- Individuals should be made aware of the signs and symptoms of anaphylaxis and the information leaflet '[Waiting after your COVID-19 vaccination](#)' can be used alongside verbal counselling to reiterate these points. Individuals should be informed about how to access immediate healthcare advice in the event of displaying symptoms.
- Vaccination sites are also encouraged to display the '[Waiting after your COVID-19 vaccination](#)' posters.

3. URGENT: LVS and Vaccination Centres to check the expiry date of Anaphylaxis Kits

We are aware that some LVS and VC sites, especially those which have been operational since the beginning of the programme, may now have anaphylaxis kits nearing expiry. As these are critical items, with all active vaccination sites always requiring two usable kits, it is very important that new kits are ordered ahead of any potential expiry dates.

Action for sites:

All sites are requested to check the expiry status of their anaphylaxis kits, **if kits are due to expire before the end of January 2022, then please place an order for a new kit as soon as possible** via the Unipart customer service desk (0800 678 1650/ CS@nhsvaccinesupport.com). Please ensure you confirm your kit(s) expiry date when placing an order, as this will help us prioritise the most urgent kits.

Replacement kits will be issued where possible with your site's next vaccine delivery. If demand is high, we will issue kits in priority date order to ensure sites

with the earliest expiry dates receive their replenishment first. Sites are requested to order as soon as possible to avoid any unwanted delays in delivery, as delivery lead times can exist with these kits.

We would kindly request that sites do not place orders for replenishment kits at this time, if their existing kits have an expiry date post 31 March 2022. Should a kit be used as part of a medical emergency or is damaged, then a new kit should be ordered immediately.

4. UPDATES: Eligibility

A) NEW: Booster eligibility and timeframe

JCVI has recommended that booster doses should be offered no sooner than three months following completion of the primary course. To support the operational aspects of the programme, including booking of appointment via NBS and sending invitations, this timeframe has been defined as 91 days.

Sites should be aware that there is some operational flexibility to administer a booster dose at a different timeframe if someone presented slightly early via a walk-in site. This lies in the interpretation of 3 months, which is the terminology used with the Green Book, the PGDs and National Protocols. As such, in this scenario a local clinical decision on a case by case basis could be made to support vaccination at a 12-week (84 day) interval as opposed to a fixed 91 days.

B) UPDATE: Cohort eligibility and operational status

[This resource](#) has been updated, summarising which cohorts are eligible for vaccination, under what parameters, and how they can access the offer. We recommend that teams avoid printing the document as it will rapidly become out of date. You are advised to save the [hyperlink](#) where the revised version will be uploaded weekly.

5. REMINDERS: Vaccination for particular groups and populations

A) NEW: Ensuring that your COVID-19 vaccination service is accessible

Sites have a responsibility to ensure that accessible information about vaccination is available, as per the [Accessible Information Standard](#). **People with hearing impairments** have the right to British Sign Language (BSL) interpretation support, through either on-site BSL support, or remote BSL support. We have previously let you know, in the LVS update of 24 September,

that BSL support is now available via the [SignVideo](#) app, which is available to download and use, by selecting the NHS 119 button located within the SignDirectory available in the SignVideo app.

- User's existing InterpreterNow credentials will work in the new SignVideo app.
- The InterpreterNow app will no longer be available to download.
- BSL users who need a BSL Interpreter should download and use the new SignVideo app.
- BSL users do not need to register with the new SignVideo app to use the 119 BSL service.

People who are visually impaired have the right to information in an accessible format such as large print, audio and braille. You can order information about vaccination, boosters and what to expect after vaccination in a range of accessible formats [here](#).

B) NEW: Community pharmacy toolkit: Delivering an open access vaccination clinic

A new toolkit is available, providing guidance and resources to help pharmacy teams to deliver open access COVID-19 and flu vaccination clinics this winter.

Developed jointly by Doctors of the World (DOTW), the National Pharmacy Association (NPA) and NHS England and NHS Improvement, it seeks to help community pharmacies ensure winter vaccines are accessible to everyone, including thousands of carers and people from vulnerable groups, who often face barriers when accessing “mainstream” healthcare, resulting in poor health outcomes.

For example, people who might not have an NHS number, refugees, asylum seekers and people who are experiencing homelessness. The toolkit can be downloaded [here](#) .

C) REMINDER: Severely immunosuppressed people: recording of 3rd primary and booster doses in the Point of Care System

This is a reminder for vaccination teams on the existing guidance to record a 3rd primary dose and booster (4th dose) for severely immunosuppressed people.

For this cohort the 3rd primary dose should be recorded as a *booster* in the Point of Care System. A subsequent booster for severely immunosuppressed patients after a further 91 days will be recorded as a *second booster*. Point of Care Systems such as Pinnacle support the recording of multiple boosters. Therefore, severely immunosuppressed people attending for their booster 91 days after their

third primary dose must not be turned away on the grounds of the POC recording of their third primary dose as a booster.

All doses appear in the individual's vaccination history and are recorded in NIMS and the GP Record. For example, for a person who is severely immunosuppressed and has received their third primary vaccination and booster, this would be displayed as:

- First primary vaccination dose on date a
- Second primary vaccination dose on date b
- Booster on date c (note – this is the third primary vaccination dose)
- Booster on date d (note – this is the booster dose).

D) UPDATE: Severely immunosuppressed people: update on clinical assessment and bookings

On 16 December, we issued updated guidance about the making walk-in services easier to use for people have been severely immunosuppressed at the time of their first or second dose. People in this group can now get a third primary dose at a vaccination walk-in site without a referral letter from their clinician, on presentation of evidence of prescribed medication at the time of their first or second dose. If they have a letter from their clinician advising a third dose, they can also use this to get their booster at a walk-in site. Please refer to latest updates [here](#).

E) REMINDER: Vaccination as a condition of deployment for all healthcare workers

The Department of Health and Social Care (DHSC) announced on the 9 November 2021 that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022. The regulations will apply equally across the public (NHS) and independent health sector.

Thursday 6 January marked the start of the 12-week grace period that allows unvaccinated individuals to have had their first dose by 3 February 2022, in order to have received their second dose by the 1 April 2022 deadline.

You can find the guidance that has already been published [here](#). NHS England and Improvement will issue phase two guidance in the coming days. This will focus on the implementation of the new regulations, including a redeployment framework and advice regarding formal steps for staff who remain unvaccinated on 1 April 2022.

We are also in contact with HRDs about ongoing support, including a series of Teams talks and drop-in sessions. Information for line managers and staff can be found [here](#).

To help support local comms teams in their work to encourage colleagues and teams in organisations to take up the evergreen COVID-19 vaccine offer and/or get their booster, we have uploaded some assets to [NHS CommsLink](#) which you can adapt for your own comms. There will be a [webinar especially for comms leads](#) on 17 January from 2pm – 3pm.

Please continue to remind your colleagues that our national [health and wellbeing resources](#) are here when they are needed.

For line managers, winter [workforce](#) preparedness and the [Leadership Academy's #ProjectM and #Winterwarmers](#) provide practical guidance on how to ensure our NHS people are well-supported.

Thank you for your continued support. If you have any queries, please contact nhseandi.peopledirectorate@nhs.net.

F) REMINDER: Vaccination for visitors from overseas

Visitors to the UK from overseas can and should receive a Covid vaccine if they meet the vaccine programme's clinical and operational criteria (ie: they are in an eligible cohort, there are no contra-indications to them receiving a vaccine, and a suitable time interval has elapsed since the last dose). Individuals do not need to be UK citizens or to be resident in the UK to receive a vaccine, as detailed [here](#).

Individuals who are "ordinarily resident" in the UK and who have received vaccine doses abroad should be asked to contact 119 who will arrange an appointment for them at a designated vaccine site that can check their details, arrange for these to be added to their NHS clinical record, and provide any additional doses required in line with UKHSA guidance [here](#).

It is not a requirement to be registered with a GP or to have an NHS number in order to be vaccinated against Covid-19. All Point of Care systems allow the user to create a vaccination record without these details being needed. Individuals should however, and when appropriate, be encouraged to register with a local GP to ensure that they receive ongoing health care. Details are available [here](#).

Vaccine sites are asked to ensure that all staff are aware of this guidance and ensure that anyone who presents for vaccination receives appropriate advice.

G) REMINDER: Guidance for COVID vaccination in care homes where there are cases and outbreaks

Reminder of the guidance for COVID vaccination in care homes where there are cases and outbreaks. Click [here](#) to view the guidance.

The high prevalence of the Omicron variant has led to an increase in outbreaks of COVID in care home settings. Care homes have experienced outbreaks of COVID-19 since the beginning of the pandemic with risk of outbreaks tracking the level of infection in the wider community.

[Guidance](#) was developed last year to summarise the key factors that an immunisation team will need to consider before they attend a care home setting.

It is recommended that a risk assessment is carried out by the lead vaccinator and that this is performed in conjunction with the care home manager and [if needed] advice should be sought from others such as the local health protection team, CCG infection prevention and control lead and local Director of Public Health. If more than one visit is required to the home the risk assessment should be repeated.

6. NEW: Vaccination of 5 - 11 year olds and 12-15 year olds and 16 to 17 year olds updates:

A) NEW: Vaccination of 5-11 year olds

JCVI [advised on 22 December 2021](#) that children aged 5-11 in a clinical risk group or who are household contacts of someone who is immunosuppressed (as defined in the Green Book) should be offered two 10 microgram doses of the Pfizer/BioNTech COVID-19 vaccine, with an interval of 8 weeks between the first and second doses. Following our [letter of 23 December 2021](#), we will be writing soon to sites and health systems via an Operational Note with more information about action required to vaccinate this cohort. Some initial information is provided here on a) the paediatric formulation of Pfizer and b) on workforce considerations:

1a) Introduction of [COVID-19 Vaccine Pfizer/BioNTech 10 micrograms / dose 'Paediatric Pfizer'](#)

JCVI stated that the vaccine for children aged 5-11 in these cohorts “can be either as a paediatric formulated dose (10-microgram in 0.2ml) or a fractional adult dose (one third of the adult 30 microgram in 0.3ml dose i.e., 0.1ml). Should fractionated adult doses be offered, healthcare providers should have the necessary skills to deliver such fractional doses, with appropriate guidance, training and systems in place to support vaccine delivery”.

It is expected that Comirnaty® 10 micrograms / dose COVID-19 mRNA vaccine will be available from late January and actions are being planned/delivered to facilitate its use:

- The Summary of Product Characteristics and Patient Information Leaflet are already available [here](#)
- UKHSA will identify the additional training requirements needed for individuals involved in vaccinating this group.
- SPS will prepare new Standard Operating Procedures for handling the new formulation.
- Point of care systems are being updated to enable accurate recording of the new dose and volume.
- A new PGD and National Protocol will be developed to provide the legal mechanism needed to allow administration.
- The readiness children checklist is being updated to enable providers to self-assess readiness to vaccinate this age group. This checklist will help providers identify any measures that need to be addressed prior to the programme inviting parents to book for this cohort. The preferred option is that people wait for the 'Pfizer paediatric' formulation, however it is recognised that in exceptional circumstances, and where it is in the best interests of the patient, clinicians may decide to vaccinate children and young people under 12 years old with off-label fractional use of the current Comirnaty® 30 microgram/0.3ml product under a patient specific direction. This resource document (click [here](#) to view) sets out the principles that medical practitioners should consider when planning to vaccinate with the currently available vaccine. Robust arrangements will be required to reduce risk, including full informed consent, vaccine handling and record keeping.

1b) Workforce considerations for child vaccinations updated to include 5-11 year olds

The [Workforce Considerations for Phase 3 Children's Vaccination](#) guidance document has been updated to include clinical red lines, workforce model requirements, training standards and minimum DBS clearance requirements for vaccinations of this cohort. Additional training materials have been developed to support with training staff (pages 23-24). As a reminder, the GOSH e-learning module for managing paediatric anxiety is also [available on e-LfH](#). Please wait for the Operational Note for more detail about starting to vaccinate this cohort.

1c) Checklist C for Children 05-11s

A series of checklists have been developed to support sites with the pre go-live assessment when vaccinating children. Checklist A supports the vaccination of 17 & 18s, whilst checklist B supports the vaccination of 12-15s.

Following the JCVI advice that children aged 5-11 in a clinical risk group or who are household contacts of someone who is immunosuppressed (as defined in the

[Green Book](#)) should be offered the COVID-19 vaccine, [Checklist C](#) has been developed for children aged 05-11.

The standards have previously been published by the workforce team [here](#) and checklist C harvests these into a simple self-assessment.

Providers are required to consider these standards before going live with the vaccination of any child from 05-11 years of age. Providers who are not identified as primary care led will be invited to declare compliance ahead of vaccination and other providers are invited to consider the standards ahead of vaccination.

[Checklist C](#) has been reformatted to include checklist A and B. This allows the provider to see how the standards build as the patient group gets younger.

B) NEW: Booster for eligible 12-15 year olds and 16 to 17 year olds

From 7th January, all vaccination sites can begin to invite via Local Booking Systems

- Booster for young people aged 12-15 years old who are in a clinical risk group, or who are a household contact of someone who is immunosuppressed, from 91 days following their last dose of the primary vaccination course
- Booster for young people aged 12-15 years old who are severely immunosuppressed from 91 days following their last dose of the primary vaccination course. Please note for severely immunosuppressed individuals, the primary vaccination course comprises 3 doses, and the booster is the 4th dose for this group.
- Booster for all remaining 16 and 17 year olds from 91 days following their last dose of the primary vaccination course.

The updated PGD and National Protocol has been published today (7 January) and is available here: [Coronavirus » Legal mechanisms \(england.nhs.uk\)](#). The Green Book has been updated.

Bookings on the national booking service (NBS) for 16 and 17 year olds is scheduled for 17 January. The national walk-in finder website will be updated by 17 January latest to sign-post to booster offers for eligible 12-17 year olds at age appropriate sites. Note, in the interim until the walk-in website is updated, 16 to 17 year olds who are attending a walk-in clinic for a booster now should be offered a vaccination.

This guidance is to be read in conjunction with our system letter ([here](#)) from 23 December 2021 and JCVI advice ([here](#)) from 22 December 2021.

Alongside vaccination of these groups please continue to vaccinate our vulnerable cohorts, care home residents and staff, immunosuppressed people,

those who are unvaccinated and look to explore all opportunities to drive uptake from your site.

Please also [see tips for increasing local demand](#) and maximise the deployment of vaccination supply close to its expiry date. Please ensure that stock usage is prioritised in line with expiry date, site size and throughput highlighting risks of excess through your usual system and regional routes.

2a) Booster for eligible 12-15 year olds and 16 to 17 year olds:

- Comirnaty® 30 microgram/0.3ml dose vaccine is the recommended vaccine for those aged 12-17 years.
- No changes are required to the Point of Care Systems to enable the recording of booster vaccinations to those aged 12-17 years old. The warning messages for most PoC applications will be updated by 17 January. Please note that this warning message should not prevent clinicians from vaccinating and recording the booster dose.
- *Recording boosters for severely immunosuppressed 12-15 year olds in PoC systems:* For these patients, the booster dose will be their 4th dose 91 days following their third primary vaccination dose. Please record this as a *second booster*. Point of Care Systems such as Pinnacle support the recording of multiple boosters.
- Please note: boosters for 16 and 17-year-old severely immunosuppressed and household contacts of those who are immunosuppressed are already recommended, as set out in Chapter 14a of the Green Book.

2b) Booking systems:

- We expect booster appointment bookings for 16 and 17 year olds to be available on the NBS from 17 January. 16 and 17 year olds will be able to book into booster slots already set up by sites that have made themselves accessible for this age group. An NBS booking pathway for boosters for 12-15 year olds who are in a clinical risk group or household contact of someone who is immunosuppressed is currently being considered. Further detail to follow.
- *National call/recall:* for booster doses for 16 and 17 year olds are scheduled from Mon 17 January. National call/recall efforts to supplement local call/recall arrangements for booster doses for 12-15 year olds who are in a clinical risk group are currently being considered. Further detail to follow.
- From 17 January, the national walk-in site finder at www.nhs.uk/grab-a-jab will be updated to direct 16- and 17-year-olds and 12 –15-year-olds in a clinical risk group for their booster to age-appropriate walk-in sites who are compliant

with the readiness checklist Part A (for 16- and 17-year-olds), and Part A and B (12–15-year-olds) available [here](#).

2c) Site requirements: processes at site arrival for all children and young people:

All sites must have processes in place at arrival to identify eligible 12-17 year olds attending for their booster. All staff, including front-of-house volunteers and site security must be briefed on these requirements.

- Eligible children and young people must be identified at check-in and immediately routed to be seen by appropriately trained staff, and to receive the correct dose and vaccine.
- Please note that for individuals in clinical risk groups such as severely immunosuppressed patients, priority access such as fast track lanes should be considered to ensure they do not experience long waiting times for their appointment.
- Note that recent infection with COVID-19 would require deferral of vaccination as follows:
 - For 12-15-year olds in a risk group, vaccination should be deferred until 4 weeks following the start of symptoms, or the day of a positive test sample for asymptomatic individuals.
 - For 16 to 17-year olds who are not in a risk group, vaccination should be deferred until 12 weeks following the start of symptoms, or the day of a positive test sample for asymptomatic individuals
 - Sites should have policies in place to support people with a disability and the provision of reasonable adjustments. Staff should be aware of these practices and where practical needs should be identified prior to attendance and shared with staff to ensure a positive experience for all.

2d) Consent and Mental capacity consideration:

- Providers need to follow the principles in The Green Book Chapter 2: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994850/PHE_Greenbook_of_immunisation_chapter_2_consent_18_June21.pdf
- Where the assessment indicates a young person lacks mental capacity to consent to the vaccine, discussions with family members/carers and anyone appointed as a Health or Welfare Deputy or with Lasting Power of Attorney should begin early, and preparations made for a best interests decision in line with the checklist in Section 4 of the MCA (where applicable). Additional

guidance can be found

<https://future.nhs.uk/NationalCOVID19VaccineEquality/view?objectId=102201797>

2e) Post-vaccination observation of children and young people:

The required 15-minute observation period is currently suspended across the programme for most people being vaccinated. However, some children with specific risk factors still need a period of observation as detailed in table 5 in the Green Book on the management of patients with a history of allergy ([here](#)). As this is a temporary suspension, we would like to remind providers that if re-introduced, there should be appropriate estate and pathways to accommodate the 15minute wait.

IMMEDIATE ACTIONS REQUIRED

Actions for practices and PCN Groupings

- From today, all PCN-led sites signed up to the Phase 3 Enhanced Service specification can administer booster vaccinations to eligible 12 -15 year olds who are in a clinical risk group, severely immunosuppressed or household contacts of someone who is severely immunosuppressed, and 16 to 17 year olds.
- PCN-led sites vaccinating this group need to complete the checklists to ensure that the workforce is appropriately trained to support this cohort. The Phase 3 General Practice Enhanced Service specification has been updated to enable PCN Groupings to vaccinate this additional group with immediate effect and the updated specification can be read [here](#). With immediate effect, GPs are asked to undertake local searches to identify the following and to enable the vaccination of
 - 12 -15 year olds who are in a clinical risk group or household contact of someone who is severely immunosuppressed
 - 12-15 year olds who are severely immunosuppressed, Searches should include local searches of patient lists and the GP COVID-19 vaccine dashboard. This request is necessary for the reasons of public interest.
 - NOTE: The GP COVID-19 vaccine dashboard has an existing category for severely immunosuppressed people aged 12-15 years. The dashboard will be updated to include categories for 12-15 year olds who are in a clinical risk group in due course. This request applies to all GP sites regardless of participation in the COVID-19 vaccination programme. PCN Groupings are asked to run searches by 21 January [14 days post the date of this letter] at the latest.

- If a GP practice is not participating in the COVID-19 vaccination programme or not able to deliver boosters to this group, please ensure you provide a list of all identified eligible children to your local commissioner as soon as possible and by 21 January [14 days post the date of this letter] so that provisions can be made to invite and vaccinate this group.
- Please ensure for identified severely immunosuppressed patients who cannot be vaccinated via the GP/PCN that they receive a GP referral letter confirming eligibility and appropriate timing for a booster for these patients to be able to use available walk-in clinics.
- As a reminder, a temporary supplement of £10 is provided for the administration of COVID-19 vaccinations to severely immunosuppressed people from 1 December 2021 to 31 January 2022, that includes boosters (fourth doses). Point of Care Systems are being updated to reflect this change.

Actions for Trusts, HHs/HH+

All Specialist Children/s Centres and Hospital consultants/specialist teams with a caseload of children aged 12-15 must run searches to identify those who are in a clinical risk group. Table 4 in the Green Book Chapter 14a provides an overview of clinical risk groups for age groups 5-15 years, and is available here [COVID-19 greenbook chapter 14a \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101422/greenbook-chapter-14a.pdf) .

- All trusts with children's services including specialist children centres are encouraged to support the vaccination of at risk 12-15 year olds including first, second and booster doses. Where there is no HH/HH+ on the specialist children's centre site, RDCs should consider setting up a HH. All HH/HH+ sites approved to deliver the primary vaccination course to at risk 12-15 and/or 16 and 17 year olds should offer booster doses to this cohort.
- For severely immunosuppressed individuals aged 12-15, Consultant/specialist team (e.g. paediatric teams) are asked to notify the individual/guardian (via a letter/text), with their GP copied in, inviting them to a booster dose (their fourth dose). The letter is to confirm eligibility and to outline options for the patient to access their booster. These might be subject to locally agreed arrangements e.g. vaccination via hospital hubs, at a local walk-in clinic (VC/HH+ or CP), via GP/PCNs or home visits for housebound patients. Further information is available here [Resources for immunosuppressed people - COVID-19 Vaccination Programme - FutureNHS Collaboration Platform](https://www.futurenhs.org/resources/immunocompromised-people-covid-19-vaccination-programme)

Actions for Community Pharmacy-led vaccination sites and Vaccination Centres

- All sites approved to deliver the primary vaccination course to 12-15 and 16-17 year olds should offer booster doses to this cohort. Further Community

Pharmacy-led vaccination sites and Vaccination Centres must be approved by the RDC to deliver vaccination for 12-15 year olds, all sites meet the requirements of the respective checklists for 12-17's and have the appropriate contract in place:

- For the vaccination of 16 and 17 year olds, compliance is required with Part A [\[here\]](#)
 - For the vaccination of 12 to 15 year olds compliance with Part A and B [\[here\]](#)
 - For the vaccination of 12 to 15 year olds, RDCs must request that the site has additional access to National Booking Service by emailing the site ODS code, name and address to england.vc.estates@nhs.net. For Community Pharmacy-led sites, the regional team must also receive confirmation from the Pharmacy Superintendent that the site meets the requirements of the self-assessment readiness checklist [\[here\]](#) as above, and complete the record on the [Foundry Phase 3 Readiness checklist](#). Walk-in services for eligible 12 to 15 year olds and 16 to 17 year olds should be advertised on the [vaccination walk-in site finder](#) website from 17 January. 12 to 15 year olds or a responsible adult attending for a booster must confirm eligibility for a booster via either a national invitation letter or an invitation from their GP/specialist confirming eligibility. Note, walk-in service users aged 12 to 15 years or their responsible guardian (e.g. parent) will need to confirm they have received and read the [information leaflet](#) or read it online at least one day prior to vaccination. Local processes must be in place to confirm this requirement has been met prior to vaccination.
- Vaccination of these cohorts is authorised by this guidance for CP-led sites as required in paragraph 4.2 and 8.2 of the LES, This guidance will be published at https://future.nhs.uk/connect.ti/P_C_N/view?objectId=27363824, and will be accessible to all site leads. Additional access to the published document can be requested through the web link or by e-mail to england.pccovidvaccine@nhs.net. As per paragraph 4.2.5, the Pharmacy Contractor must not vaccinate those aged under 16 years of age without confirmation in writing from the Regional team that they are permitted to do so
 - As part of the National Standard Contract Schedule 5A (Documents Relied On), Providers must adhere to requirement set out within this operational guidance.
 - Regional Commercial colleagues must ensure relevant contractual documentations are varied into the contract as appropriate. Contract guidance to follow.
 - As a reminder for CP-led LVS sites, a temporary supplement of £10 is provided for the administration of COVID-19 vaccinations to severely immunosuppressed people from 1 December 2021 to 31 January 2022. Point of Care Systems are being updated to reflect this change.

If you have any questions please contact england.vaccinecentresgroupsupport@nhs.net for Vaccination Centres Support or england.pccovidvaccine@nhs.net for Local

C) REMINDER: National Booking Service (NBS) is now open for 12-15s to get their second COVID jab

The NBS is now taking bookings for 12-15 year-olds to get their second COVID-19 jab. All eligible 12-15s are now able to book their second jab online if they had their first dose more than twelve weeks ago, in line with [updated JCVI guidance](#).

More than 1.3 million young people have taken up the offer of a vaccine so far and more than 5,000 schools have been visited. Over 75,000 schoolchildren are currently eligible for a second dose.

Young people and their families are being urged to book in for either their first dose, if they haven't done so already, and second dose as soon as they become eligible online.

Young people are able to get their vaccine through existing school immunisation services or by booking through the NBS to attend a vaccination site outside of school hours.

7. NEW: Needlestick Protocol

Non-clinical staff and returning staff working within the COVID-19 vaccination programme were not deemed as requiring Hep B vaccination due to the low risk of needlestick injury. The occupational health guidance for the COVID-19 vaccination workforce states, *that staff should receive training on how to manage a needlestick injury including reporting processes and the use of the local Trust protocol to manage needlesticks with immediate access to first Hep B given at the time of the needlestick followed by preferably a rapid course.*

The lead employer is responsible for the application of this guidance to any worker or volunteer that are engaged or deployed by the Lead employer to any setting, including to primary care (PCN and community pharmacies). The lead employer therefore must have in place a protocol to manage needlestick injuries across all delivery pillars. This protocol must be in place, communicated to the relevant sites and form part of the locally agreed site induction.

If a needlestick injury occurs in primary care in a worker or volunteer supplied through the lead employer arrangements, there is a responsibility of primary care to complete their local incident reporting process, with support where necessary from the lead employer. The lead employer is responsible for ensuring compliance with their own trust procedures and that the worker has early access to appropriate occupational health support, including treatment of the injury.

8. NEW: Social media graphics to tell people without an NHS number they can have all COVID-19 vaccinations

Every adult is entitled to their first, second (third if immunosuppressed) and booster dose of the COVID-19 vaccination. This includes people who aren't registered with a GP or without leave to remain in the UK. A new [social media graphic](#) is available in a range of languages to help reassure people about their right to COVID-19 vaccinations. This is in addition to this [letter](#) for the public ([translated here](#)). Please access these on the COVID-19 vaccine equalities connect and exchange hub on FutureNHS, or email england.vaccination-equalities@nhs.net. Please also advise people won't be charged if they or their children register with a GP and/or access testing and treatment for COVID.

9. NEW: Workforce support

A) UPDATE: Workforce helpline 0800 015 7707 – Not yet live. Will be available imminently

To support the workforce challenges facing vaccination sites, there has been a COVID-19 vaccination workforce helpline established to enable the resolution of workforce challenges which are stopping sites being able to deliver in the increased activity to support Omicron.

All sites should have contacted their lead employer in the first instance to support with workforce prior to contacting the supply helpline. Lead employer details can be found at the following link: [lead employer](#)

When to use the workforce helpline:

- When using the national protocol and you have a workforce gap that is preventing you from being able to deliver vaccines
- When your lead employer is not able to provide you with the workforce required
- Not aware of how to access the support available through St John Ambulance
- Need additional volunteers to manage queues that are forming through NHS Volunteer Responders and other voluntary organisations
- The requirement for mobile treatment centres through St John Ambulance to support pop up activity The helpline will then work with the lead employer, regional workforce leads and national suppliers to help resolve workforce challenges. In addition to the helpline, you are able to email any workforce

challenges to national.wfdeployment@nhs.net which will follow the same process.

B) REMINDER: Vaccination Operational Support Teams (VOST) are available to support vaccinations (COVID-19 and Flu) and 12–17-year-olds

See below table for teams that are currently available for deployment, along with areas where teams can be deployed for the week commencing 10 January 2022. Please contact your [lead employer](#) for the latest deployment details and availability within your area.

WC 10/01/2022	Not deployed and are available	Deployed VOST teams
North West		East Lancashire Hospitals NHS Trust (3 Teams) St Helens + Knowsley (Cheshire and Merseyside) 2 Teams
North East & Yorkshire	South Yorkshire and Bassetlaw - Sheffield Teaching	Newcastle Upon Tyne Hospitals Foundation Trust (3 Teams) West Yorkshire and Harrogate (Leeds)
East of England		Cambridgeshire Community Services
South East	Surrey Heartlands	Sussex Community NHS Foundation Trust Kent Community NHS Trust
South West		Somerset Foundation Trust (2 teams) Devon & Exeter Dorset North Bristol Trust
London		East London NHS Foundation Trust (2 Teams)
Midlands		Coventry and Warwickshire Partnership Midlands Partnership (Staffordshire and Stoke on Trent)

VOST teams are trained and ready to support COVID-19 and flu vaccinations, including 12-17 year olds and can often be deployed at pace. They are made up of an equal number of Registered Healthcare Professionals and Unregistered Vaccinators as outlined below:

Team of 6 -1 x Clinical Supervisor, 2 x Registered Healthcare Professionals & 3 x Vaccinators

C) REMINDER: 26k Volunteers 'Ready to go' across the country

We've had an overall whelming response from the public as part of the latest national Royal Voluntary Service volunteer campaign, resulting in more than 26k volunteers ready to be deployed across the country.

We also know that many vaccination sites are dealing with an unprecedented demand from the public and our national RVS Steward Volunteer workforce is here, ready to go and able to help.

Steward Volunteers form an important part of the COVID-19 vaccination workforce model and are trained to help sites manage the flow of people and support social distancing. All RVS Volunteers are ID checked and appropriately trained for the role. They are co-ordinated via the GoodSAM app.

All sites are strongly encouraged to draw down from this national pool. Please contact your [lead employer](#) to see how you can access available RVS Steward Volunteers in your area and more details available on [Future NHS](#)

D) REMINDER: Useful Links

- General queries email: england.pccovidvaccine@nhs.net
- *LVS and Roving SOP Publications:*
 - Standard Operating Procedure for mobile and roving models (updated 7 October 2021) [here](#)
 - Standard Operating Procedure for Local Vaccination Services (updated 8 October 2021) [here](#)
- *Phase 3 FAQs:*
 - [Phase 3 FAQs for GPs / PCN-led sites](#)
 - [FAQs Pharmacy-led Phase 3 LVS](#)
 - Press notice: [Press notice: JCVI issues advice on third vaccination for severely immunosuppressed](#)
 - JCVI full advice: [JCVI advice on third dose for severely immunosuppressed](#)
- *Clinical updates:* you can find all clinical updates [here](#)
 - [Coronavirus vaccinations:](#) NHS Digital helps you access up-to-date information, training and onboarding guides related to the tech and data solutions that are supporting the COVID-19 and seasonal flu vaccination programmes.
 - [COVID-19 Vaccination Programme workspace](#) provides members with access to key documents, resources, webinar recordings, case studies and past copies of the LVS Updates. There is also a discussion forum

for members. If you are not already a member, please email: [P_C_N-
manager@future.nhs.uk](mailto:P_C_N-manager@future.nhs.uk)

- [COVID-19 Vaccine Equalities Connect and Exchange Hub](#) is a community of practices on the Future NHS platform. NHS, local authority, public and voluntary sector staff working to increase vaccine uptake, share ideas, evidence, resources, case studies and blueprints to increase uptake of the COVID19 vaccine within all communities. Members also have access to peer-to-peer support and a programme of regular lunch and learn webinars and live discussion forums. To join, please [register for an account](#) and once registered you can [join the Hub](#).
- [Supply and Delivery Hub](#) helps you access key information in a timely way and help support you to deliver your local vaccination service. Here you will find the latest delivery information (vaccine and vaccine consumables as well as non-vaccine consumables, equipment and PPE), alongside the latest supply chain and customer service FAQs and other helpful information.
- *National Workforce Support Offer – more details:*
 - [National Workforce Support Offer Toolkit](#) provides more detail about the National Workforce Support Offer and is a practical guide for local vaccination service leads.
 - Contact your [Lead Employer](#) to access the National Offer and additional staff and vaccinators, as well as support with your workforce needs.
 - For more details, please see our Futures NHS pages [LVS Workforce](#) and [case studies/FAQs](#) and recently guidance for [PCN groupings](#) and [community pharmacy](#)
 - Contact the national workforce team direct via PCNCP.workforceescalation@nhs.net
- [COVID-19 Vaccination Improvement Hub](#)