

Guidance: Key considerations for safe delivery of Covid-19 vaccinations (second doses) within care home settings

Adopted and amended from Shropshire, Telford and Wrekin	Sarah Weir-Smith, Quality Lead for Primary Care 03.03.2021
Author(s) (name and post):	Clare Michell-Harding, Senior Pharmaceutical Advisor (Pharmacist) Amended by Sarah Weir-Smith
Version No.:	Version 2.0 Final
Approval Date:	08.03.2021
Review Date:	

Document Control Sheet

Title:	Guidance: Key considerations for safe delivery of Covid-19 vaccinations (second doses) within care home settings		
Placement in Organisational Structure:	Quality Directorate, Medicines Optimisation		
Consultation with stakeholders:	Consultation with CWPT, PH, Care, CCG representatives for SW, Coventry, Rugby and WN CCGs		
Equality Impact Assessment:			
Approval Level:	Final version agreed 08.03.2021		
Dissemination Date:	08.03.2021	Implementation Date:	08.03.2021
Method of Dissemination:	Via electronic transfer		

Document Amendment History

Version No.	Date	Brief Description
Version 1.0		
Version 2.0	03.03.2021	Amended due to adoption for local use

Contents

1	Introduction	
2	Purpose.....	
3	Responsibilities.....	
3.1	The Lead Clinician for vaccination.....	
3.2	Care Home Manager	
3.3	Care Home Staff.....	
3.4	Practice Staff	
3.5	CCG.....	
4	Procedures / Processes.....	
4.1	Pre-visit checks	
4.2	On the day checks	
4.3	Incident reporting.....	
5	Related Documents	
6	Dissemination.....	
7	Further advice and support	
7.1	Contact information.....	
	Appendix 1 – Quick reference checklist- Care Home second doses.....	

1 Introduction

This document is aimed at GP Practices/Primary Care Networks and Care Home roving team delivery, who are responsible for planning and delivering second doses of Covid-19 vaccinations within a care home setting. Some of the consideration points listed in this document will also apply to conducting second dose vaccinations of individuals outside of a care home setting including house-bound vaccinations or vaccinations in a GP practice/other suitable vaccination setting by practice staff.

2 Purpose

This guidance document describes the key considerations to be made when planning and undertaking second doses of COVID-19 vaccinations in the care home setting to ensure safe delivery of the vaccinations, keeping our staff and patients safe.

The document will describe;

- Pre-Care Home vaccination visit checks
- Checks to be made within 24-hours and on the day including checks at the point immediately prior to vaccine administration

This document must be read in conjunction with the following documents listed in section 5.

3 Responsibilities

Listed below are the responsible individuals and description of their roles for ensuring all requirements for safe delivery of Covid-19 second doses are met.

3.1 The Lead Clinician for vaccination

The lead clinician or appropriately delegated person is responsible for liaising with the care home manager to:

- Identify any circumstances which may affect the ability to conduct vaccinations including Covid-19 outbreaks
- Book a provisional date for second doses ensuring this falls within the permitted 70-84 day window
- Confirm arrangements for delivery of the vaccinations at the home, including suitable administration
- Review clinical records and confirm suitability for vaccination, including review of MAR charts, electronic access to Pinnacle (Pharmoutcomes) and relevant consent forms.
- Make necessary arrangements for patients unsuitable to have dose two (e.g. vaccination using alternative vaccine or in a different setting)
- Consent patients

The lead clinician must also;

- Confirm with the CCG/Designated PCN they will have access to the necessary supply of Covid-19 vaccine for second dose delivery on the date arranged
- Ensure staff conducting vaccinations are;
 - Appropriately trained
 - Have the necessary access to Covid-19 Lateral Flow self-testing
- Work with CWPT, to ensure there will be access to necessary equipment and sufficient workforce for vaccination delivery on the day of planned vaccination

3.2 Care Home Manager

- Highlight any issues to the clinical lead including Covid-19 outbreak, or change in circumstances which will alter the space/location for vaccination delivery used for first doses
- Identify residents and staff due their second dose, and confirm with previous delivery list that residents are still present at the Care Home, and staff will be invited to attend on the day of vaccine delivery
- Identify any new residents since first visit (and subsequent mop-up visits) requiring Covid-19 first dose or second dose
- Make alternative arrangements for new staff requiring first doses or second doses due at a different time
- Highlight any issues/concerns with residents/staff including Covid-19 status or previous reactions following first dose to clinical lead.
- Support clinical lead with the consenting process (if not previously consented as part of first vaccination process)
- Ensure sufficient staffing levels on the day of vaccination to include resident post-vaccination observations (where required)
- Ensure on the day access to patient vaccination record card for updating

3.3 Care Home Staff

- Support with resident vaccinations on the day including moving residents and undertaking post-vaccination observation
- Highlight any concerns to clinical lead vaccinator e.g. if any residents are unwell

3.4 Support Staff

- Support the clinical lead in undertaking pre-visit Risk Assessments and on the day vaccination checks

- Undertake vaccination delivery on the day

3.5 CCG

The CCG is responsible for facilitating prior information sharing relative to the necessary vaccine supply to PCN's of the appropriate vaccine to enable second doses of residents and care home staff.

4 Procedures / Processes

4.1 Pre-visit checks

Due to three different Covid-19 vaccines now being available and approved by the MHRA for use in the UK it is important for practices to confirm the main vaccine used in the home for first doses to ensure patients and staff complete their Covid-19 vaccination course with the same vaccine. Currently in Coventry and Warwickshire the Covid-19 vaccines being used are Pfizer BioNtec and Astra Zeneca. Care home first dose vaccinations conducted from 29th December 2020 until 16th January were completed using Pfizer BioNtec, following this date Astra Zeneca was used.

In line with NHS England (NHSE) and Joint Committee on Vaccination and Immunisation (JCVI) guidance, the dosing window for conducting second doses of vaccination should fall between 70 to 84 days post first dose. PCNs and Roving Team delivery are therefore required when planning second dose visits, to ensure the planned visit date falls within this period. If vaccinations cannot be delivered within this window, the GP practice should bring this to the attention of the CCG Pharmacy Lead and CCG Clinical Team Lead for vaccinations at the earliest opportunity.

Covid-19 outbreaks within the home since visiting for the first dose should be confirmed. Guidance on conducting Covid-19 vaccinations in homes with outbreaks can be found here:

<https://www.england.nhs.uk/coronavirus/publication/guidance-for-covid-19-vaccination-in-care-homes-that-have-cases-and-outbreaks/> See also below for guidance on vaccinating individuals who have tested +ve for Covid.

In order to remain within the required 70-84 day delivery, vaccine supply routes may include mutual aid from other organisations within the STP or from direct delivery to PCN Hub sites. For vaccines supplied directly to hub site, these will need to be distributed out from the hub to relevant teams on the day of planned vaccinations in accordance with the relevant Specialist Pharmacy Services (SPS) SOPs <https://www.sps.nhs.uk/home/covid-19-vaccines/>. Access to a validated vaccine carrier must also be available. *NB: for homes that delivered Pfizer vaccines for the first dose, there are additional requirements for packing down smaller quantities (<15 vials/90 doses) of vaccine as detailed in the SOP for Pfizer delivery at end user locations.*

When arranging second dose visits for the care homes, it is important for practices to confirm if the same vaccination, observation and dilution areas (if using Pfizer vaccine) from the previous visit can be used again.

The Clinical Lead should ensure that any staff involved in the vaccination process, have completed the necessary training and competency assessments. It is important to ensure staff involved in diluting the Pfizer vaccine are confident and competent in undertaking this task due to the time period between first and second doses. For Coventry and Warwickshire Roving Team delivery this support element is provided with the support of the Medicines Optimisation Team.

It is important for the practice and the home to ensure valid consent is in place. The giving and obtaining of consent is viewed as a process, not a one-off event. Consent should still be sought on the occasion of each immunisation visit.

Once the home has identified residents due second doses, the clinical lead should review their clinical records to confirm there have been no changes impacting on the resident's suitability to receive the second dose including Covid-19 status of resident (also including reactions to 1st dose- see separate local guidance on this). It is also important to check that the vaccination to be given is the same vaccine as the first dose.

Individuals with a Covid +ve PCR result at least 10 days following the first dose of vaccination should be reported in line with the following guidance:

<https://www.gov.uk/government/publications/covid-19-enhanced-surveillance-of-cases-in-vaccinated-individuals/reporting-to-the-enhanced-surveillance-of-covid-19-cases-in-vaccinated-individuals>

Cases can be reported using this [online form](#).

Vaccination should be delayed in those with a current +ve Covid PCR result. Those recovered from Covid-19 should only be vaccinated if they are now well and at least 28 days post first dose.

Staff second doses being administered within the home will also need to go through the same necessary checks described above.

If new residents are identified by the home as requiring first dose vaccinations, if the care home main vaccine being used is Astra Zeneca, any new patients identified for first dose vaccinations can be given Astra Zeneca (unless any contraindications identified) as the use of Astra Zeneca would enable these residents to be revisited and mopped-up with Astra Zeneca for their second doses due to the more flexible movement regulations of Astra Zeneca vaccine. No new first doses should be administered using the Pfizer vaccine.

The practice should re-confirm the number of residents and staff to be vaccinated the day before the planned vaccination date to ensure appropriate vaccine quantity is supplied on the day of vaccination and reduce the potential for any excess/ waste vaccine.

4.2 On the day checks

On arrival at the home, the practice staff should ensure they have;

- Access to the necessary areas within the home for preparation (Pfizer vaccine), administration and post-vaccination observation.
- Access to the necessary anaphylaxis and resuscitation equipment

- Sufficient PPE available
- The necessary IT facilities available and working

The vaccine supply should be transported to the home in a validated vaccine carrier. On arrival cold chain maintenance of vaccine should be confirmed and throughout the vaccination period. In the absence of available and suitable monitoring equipment, the practice should speak to the CCG Pharmacy team for advice

A reserve list of patients (preferably for Pfizer second doses) should be available in case of any excess doses (due to the movement regulations, any spare doses cannot be removed from the home and would need to be administered on site).

The clinical lead should ensure all staff involved in the vaccinations have had the necessary training and competency assessment, suggest a briefing session/huddle with the clinical lead and all vaccinators at the beginning of the vaccination setting.

The clinical lead should ensure the legal mechanism being used for vaccine delivery is met e.g. all staff involved in the vaccinations are named on the national protocol for the correct vaccine being used that day e.g. (Pfizer or AZ)

Check with the home staff that all consented patients and staff are ok to receive their vaccination that day (i.e. nobody is unwell or withdrawn consent).

Re-confirm patient is due their second dose and that the correct vaccine is being used. This can be done by double-checking the resident/staff members first dose Covid-19 vaccination card and ensuring the vaccination administration is recorded at the point in time on Pinnacle/NIMS. The Admin inputting the vaccination information onto NIMS/ Pinnacle should confirm first vaccination type (Pfizer or AZ), vaccination is due and ensure no flags re: post-vaccination adverse events are recorded with vaccinator prior to vaccine being administered. Following vaccination, the vaccination record card should be updated.

4.3 Incident reporting

Any incidents should be reported in accordance with the Standard Operating Procedure for the management of adverse incidents.

5 Related Documents

The following documents contain information that relates to this policy:

- Novel coronavirus (COVID-19) standard operating procedure
COVID-19 local vaccination services deployment in community settings
- Care Home Vaccination mobilisation support pack and checklist
- Standard Operating Procedure for the management of adverse incidents

- SPS Covid-19 SOPs <https://www.sps.nhs.uk/home/covid-19-vaccines/>
- Covid-19 enhanced surveillance in vaccinated individuals guidance: <https://www.gov.uk/government/publications/covid-19-enhanced-surveillance-of-cases-in-vaccinated-individuals/reporting-to-the-enhanced-surveillance-of-covid-19-cases-in-vaccinated-individuals>

6 Dissemination

These guidelines will be disseminated by the following methods:

- CCG Covid-19 vaccination team to disseminate this document to all PCN clinical directors and practice managers for onward cascade to practice staff involved in the Covid-19 vaccinations
- Awareness raised by CCG staff at the local STP Covid-19 vaccination meetings
- Awareness raised by the CCG staff at the PCN Covid-19 weekly meetings

7 Further advice

For further advice or support with the delivery of second doses Covid-19 vaccinations contact the CCG Pharmacy Lead/ supporting Pharmacist, or Clinical Team Lead for Covid-19 vaccinations

Appendix 1 – Quick reference checklist- Care Home second doses

Pre-visit checks	(Tick)
Confirm main vaccine used in home for first dose	
Confirm vaccination date will fall within day 77 to 84	
Confirm vaccine supply route and date and ensure this is in line with planned vaccination date of home	
Confirmed vaccination and dilution areas (if using Pfizer vaccine) from previous visit can be used. Have there been any other changes in circumstance at the home which will impact on vaccinations?	
Confirm whether there have been any Covid-19 outbreaks in the home since the first doses	
Confirm staff training and competency and ability to dilute Pfizer (where required)	
Validated vaccine carrier available to transport vaccine	
Ensure valid consent is in place- The giving and obtaining of consent is viewed as a process, not a one-off event. Consent should still be sought on the occasion of each immunisation visit.	
Review clinical records to confirm there have been no changes impacting on resident/ staff suitability to receive second dose including Covid-19 status of resident/staff	
Confirm arrangements for new patients identified or those not due second dose	
Confirm number of residents and staff to be vaccinated the day before is unchanged to ensure appropriate vaccine quantity supplied to avoid excess or waste doses.	
Ensure staff have access to regular lateral flow tests and that these have been completed prior to visiting the home	
On the day checks	
Access to the necessary areas within the home for preparation (Pfizer vaccine), administration and post-vaccination observation	
<ul style="list-style-type: none"> • Access to the necessary areas within the home for preparation (Pfizer vaccine), administration and post-vaccination observation. • Access to the necessary anaphylaxis and resuscitation equipment • Sufficient PPE available • The necessary IT facilities available and working 	
Cold chain maintenance of vaccine confirmed on transport to the home	
Reserve list of patients for excess doses	
Ensure all staff involved in the vaccinations have had the necessary training and competency assessment.	
Ensure the legal mechanism being used for vaccine delivery is met e.g. all staff involved in the vaccinations are named on the national protocol for the correct vaccine being used that day e.g. (Pfizer or AZ)	
Check with the home staff that all consented patients and staff are ok to receive their vaccination (i.e. nobody is unwell or withdrawn consent)	
Re-confirm patient is due their second dose (check NIMs/Pinnacle record before administration) and that the correct vaccine is being used.	