

London Care Home COVID-19 Vaccine information pack

Publication date: 13 January 2021

Version 2

Review Date: 16 February

This London guide is designed to complement and not replace local guidance and professional judgement. It will be updated to align with other national and regional guidance once published.

To provide feedback on this pack please contact: england.londonehchprogramme@nhs.net

NHS England and NHS Improvement



Change log

Version one approved and cascaded on 22nd December 2020

Version two updates

New slides

- How does the Oxford/AstraZeneca vaccine work
- Changes in dose timings
- What if there are COVID cases or an outbreak at the home?
- Don't forget about the flu jab

Updated slides

- Vaccine programme overview
- Key messages
- Truth about the vaccines
- FAQs
- Resources

How to use this pack

This resource pack has been developed to provide clear guidance for London Care Homes about the COVID-19 vaccine, and bring useful resources and information together in one place.

Please note that information and process are continuing to develop, please continue to follow local process and guidance.

Topics covered in this resource pack:

[Key messages](#)

[Vaccine programme overview](#)

[What are vaccines?](#)

[How does the Pfizer/BioNTech vaccine work?](#)

[How does the Oxford/AstraZeneca vaccine work?](#)

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Key messages

- Residents in **care homes for older adults** have been very badly affected by COVID-19
 - Care home staff are at increased personal risk of catching COVID-19, and passing it on to vulnerable people
- This is why they have been prioritised to receive the vaccine
- Vaccines are only approved if they are **safe and effective**
 - You get the vaccine in two doses
 - The vaccine is one tool to help prevent COVID-19 – **keep up all your hard work** in infection prevention control, wearing PPE and testing
 - Some residents might not have capacity to consent to have the vaccine – **the same process** should be followed as for other interventions such as the flu jab

Vaccine programme overview

Following extensive trials, two safe and effective vaccines for COVID-19 have been approved in the UK by regulators and are now available.

Vaccines are now being delivered in hundreds of hospital hubs, local vaccination services and care homes.

The NHS is continuing to prioritise people that the JCVI and government has decided will benefit the most – specifically over-80s, care home residents and staff.

The NHS has made an excellent start to rolling out Covid-19 vaccines to more than three quarters of a million people who need them most

What are vaccines?

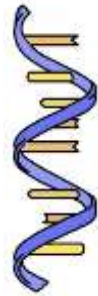
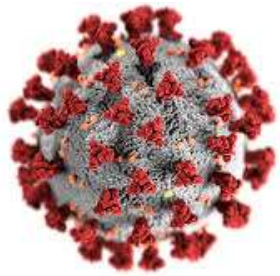
Vaccines are a medicine

Instead of treating things when they have happened – it **prevents** them from happening in the first place

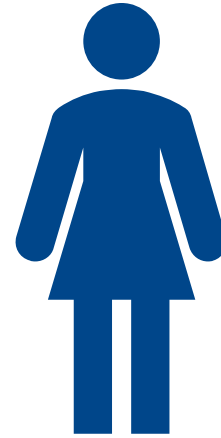
They prevent people from getting a serious and avoidable infection / disease



How does the Pfizer/BioNTech vaccine work?

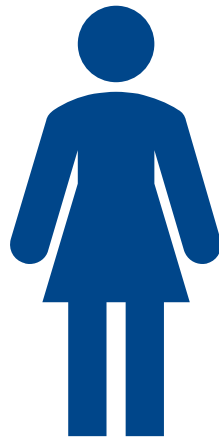
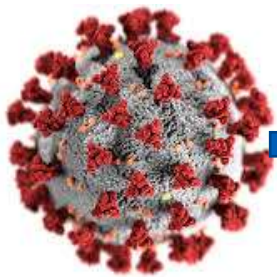


The scientist takes part of the virus to make the vaccine. This part of the virus **cannot** give you COVID-19

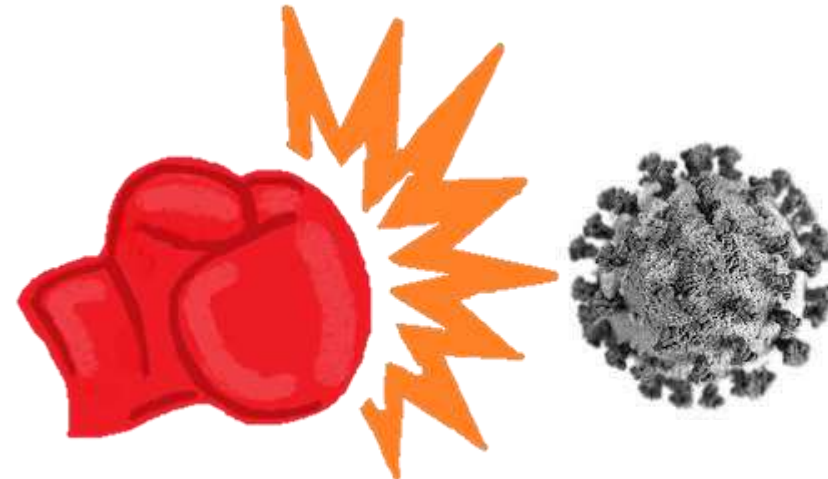


Once injected the immune system produces **virus fighters** called anti-bodies and T-Cells

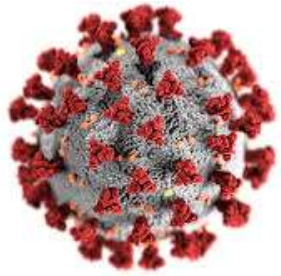
You have two injections 21-28 days apart



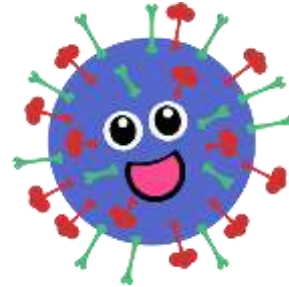
If you come into contact with COVID-19 the **virus fighters** (anti-bodies and T-Cells) remember it and can fight it



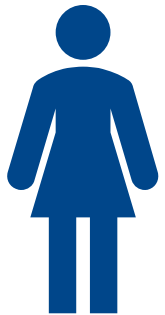
How does the Oxford/AstraZeneca vaccine work



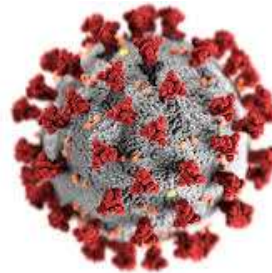
Instructions on how to make the protein are found on the surface of the COVID-19 virus



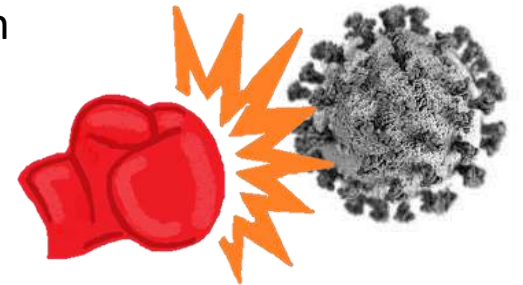
The instructions are added to a **safe virus** to make the vaccine



Once injected the vaccine stimulates your immune system to produce **virus fighters** called anti-bodies and T-Cells



If you come into contact with COVID-19. The **virus fighters** (anti-bodies and T-Cells) can fight it



You can find a video about the Oxford vaccine here:

<https://www.youtube.com/watch?v=DUTRaOOblI8&feature=youtu.be&app=desktop>

Truths about the vaccine



You may have seen some false information about the vaccine on the internet.

The below statements are **truths** about the vaccine

The vaccine only contains what it needs to produce the fighting cells, things to make it safe, able to be delivered, and able to be stored. Nothing goes into a vaccine unless it is absolutely needed

The vaccine only gets you to produce an immune response – the virus fighters

Vaccines are developed by taking parts of the virus itself. The parts of the virus in the vaccine cannot reproduce in your body and cannot give you COVID-19

The Pfizer/BioNTech vaccine trials were carried out in the United States, Europe, Turkey, South Africa, and South America. Participants included 9.6% black/African, 26.1% Hispanic/Latino and 3.4% Asian

The Oxford/AstraZeneca vaccine trials were carried out in Brazil, South Africa and the UK. 10.1% of trial recipients were Black and 3.5% Asian

Care home residents and staff are high priority to receive the vaccine due to the risk they have of catching COVID-19 (see the [who receives the vaccine slide](#))

The vaccine went through all the normal stages of development and approval – see the slide on [how was the vaccine approved](#)

What are the possible side effects?

- Like all medicines, vaccines can cause side effects.
- Most are mild or moderate, tend to be less common in older people, and **go away within a few days**.
- If side effects such as pain and/or fever are troublesome, they can be treated by medicines for pain and fever such as paracetamol.

Common side effects: may affect more than 1 in 10 people

- having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1-2 days after the vaccine
- feeling tired
- headache
- general aches, or mild flu like symptoms

Although feeling feverish is not uncommon for two to three days, a high temperature is unusual

You can find further information on the [vaccine information leaflets](#)

Who is receiving the vaccine?



The Joint Committee on Vaccination (JCVI) and Immunisation advises UK health departments on immunisation

The JCVI advises that the first priorities of any COVID-19 vaccination programme should be the prevention of death from COVID-19 and the protection social care and health care staff.

- Residents in **care homes for older adults** have been very affected by COVID-19
- Care home staff are at increased personal risk of catching COVID-19, and of passing it on to vulnerable people

The JCVI priority groups are:

- residents in a **care home for older adults** and **their carers**
- all those 80 years of age and over and frontline health and social care workers
- all those 75 years of age and over
- all those 70 years of age and over and clinically extremely vulnerable individuals – this includes adults with Down’s syndrome
- all those 65 years of age and over
- all individuals aged 16 years to 64 years with **underlying health conditions** which put them at higher risk of serious disease and mortality – **this includes people with severe mental illness and people with severe and profound learning disabilities**
- all those 60 years of age and over
- all those 55 years of age and over
- all those 50 years of age and over

The full information is here: [Priority groups for coronavirus covid-19 vaccination](#)

How was the vaccine approved?

The NHS will offer a COVID-19 vaccination **only** when it has been approved by the Medicines and Healthcare products Regulatory Agency (MHRA), the official UK regulator, like all other medicines and devices.

Vaccines go through three phases of clinical trials – in the third phase the Pfizer vaccine was given to 21,000 volunteers including older people with **no serious safety concerns**

The vaccine went through all the normal stages of **development and approval**. It happened more quickly because of several reasons including:

- There had been vaccine work on other coronaviruses
- There was no waiting for funding
- Development stages were run in parallel

This video explains how COVID-19 vaccines were developed quickly:

<https://www.youtube.com/watch?v=ddDiyIKUP0M&app=desktop>

You can also find a video from the MHRA here: <https://youtu.be/3HPpWelo1ro>



Vaccines are only made available to the public after meeting strict safety and effectiveness criteria

Why should people receive a vaccine?

Staff:

- Care home staff are at increased personal risk of getting COVID-19 due to their work
- If care home staff get COVID-19 they are at risk of passing it on to residents
- The more people that get vaccinated, the more we can protect the most vulnerable people including your own family

Residents:

- Residents are at higher risk of getting COVID-19 due to the environment that they live in
- Residents are more likely to become seriously unwell and more likely to die from COVID-19 due to their age and underlying health conditions



Vaccination is one of your most effective defences against COVID-19

What is the process of getting a vaccine?

The specific details e.g. bookings are arranged **locally**

In summary

Staff /residents invited to have their vaccine



Receive first vaccine

Given vaccine record card – take a photo in case you lose it



Given 2nd vaccine dose: 3-12 weeks after Pfizer/BioNtech
4-12 weeks after Oxford/AstraZeneca

Please note there should be a gap of at least 7 days between the flu and COVID-19 vaccine



Changes in dose timings



The NHS is now prioritising giving the first dose of the vaccine to as many people as possible – this will protect the greatest number of people in the shortest possible time

Protection against symptomatic/severe COVID-19 after one dose (and time for it to work e.g. 2 weeks) is estimated at 89% for Pfizer/Biotech and estimated at 73% for Oxford/AstraZeneca – see page 5 of the [green book](#) for further information

For comparison Flu jab around 60-70% effective

- The second dose of the Pfizer/BioNTech vaccine may be given between 3 to 12 weeks following the first dose
- The second dose of the Oxford/AstraZeneca vaccine may be given between 4 to 12 weeks following the first dose

It is likely that second doses will be given towards the end of the recommended times (e.g. 12 weeks) in order to give as many people as possible the first dose

Some people who have had their second dose appointment book may have it changed to nearer 12 weeks after the first dose – this is being managed locally

You can read more information about this here: <https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-the-prioritisation-of-first-doses-of-covid-19-vaccines>

What happens after the vaccine?

The vaccine is just one tool in our tool box to prevent COVID-19

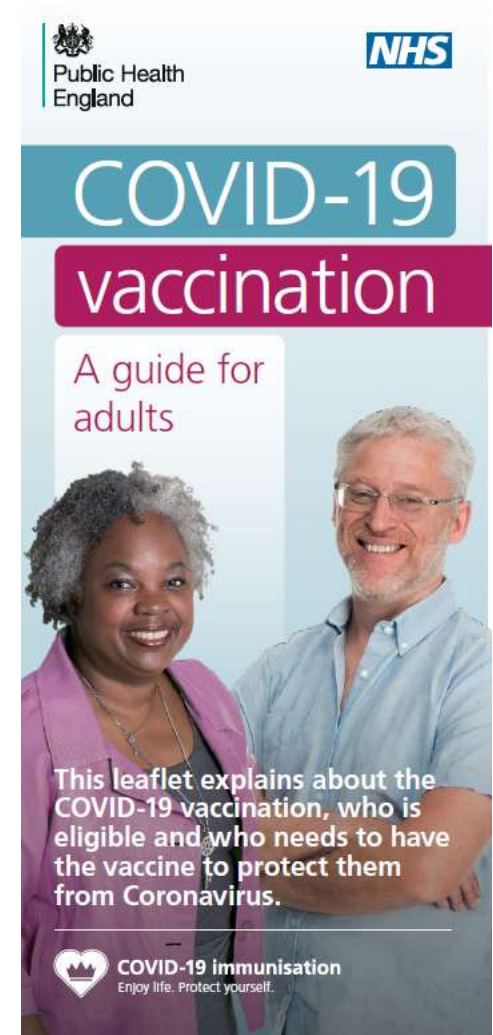
- ✓ Continue to wear PPE
- ✓ Continue to follow infection prevention control guidance
- ✓ Continue with testing
- ✓ Continue to follow guidance if anyone has [symptoms of COVID-19](#)



You can find lots of useful information on the above in the [COVID care home resource pack](#)

Vaccine information leaflets

- You can find documents relating to the COVID vaccination [here](#)
- COVID-19 vaccine information for [social care staff](#)
- COVID-19 vaccination guide for [healthcare workers](#)
- Leaflet on why you are being [asked to wait](#)
- COVID-19 vaccination guide for [older adults](#)
- COVID-19 vaccine [pregnancy information leaflet](#)
- There are template letters for residents and relatives – see the [consent form slide](#)
- Public Health England Leaflet - what to expect [after your COVID-19 vaccinations](#)



Vaccinations in care homes

The Standard Operating Procedure for community settings which includes care homes can be found here: <https://www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-covid-19-local-vaccination-services-deployment-in-community-settings/>

This will be managed locally, but in general there may be 4 visits from primary care, for example:

- Visit 1 - to give all (or most) residents and staff on site the first dose
- Visit 2 - 1 week later to capture staff or residents who were unavailable on the day
- Visit 3 - to give the 2nd dose
- Visit 4 - to capture outstanding doses one week later

Staff giving the vaccine will have a COVID-19 test before visiting the care home

Vaccination area in care homes

Dates of vaccination in care homes will be managed locally

To prepare, consider an appropriate place where the vaccine can be prepared and delivered - which maintains residents privacy and confidentiality

- it will need to have a sensible place to put the cool box
- a sterile area for getting the vaccine ready
- an area to monitor the residents after receiving the vaccine

Where possible residents should receive the vaccine close to where it is prepared (to minimise moving the vaccine)

You can find more information in the [standard operating procedure](#)

Care home managers – preparing for staff vaccines



This includes agency staff

Care home managers have been asked to:

- Put together **staff lists** – including basic details (name, gender, date of birth, ethnicity, NHS number, GP details) for each staff member. If staff don't have their NHS number the vaccine hubs can find this out, as long as their details with their GP are up to date
- Be ready to provide each staff member with a **letter confirming their employment** in the care sector
- Keep staff records of vaccinations and report via the **Capacity Tracker** (as you do with flu vaccination) – see the [Capacity Tracker slide](#)
- Consider the **logistics of releasing staff to receive** their vaccine, while maintaining staffing levels within the home.

Do talk to staff about the vaccine

- Do use the resources in this pack
- You may find the [Q&A video](#) for social care staff useful
- You may find the London care home COVID vaccine FAQs useful (please contact england.londonehchprogramme@nhs.net if you do not have a copy of the FAQs)

Care home staff receiving the vaccine



NHS England and NHS Improvement @NHSEngland · Dec 8
Pillay has been working in his local care home since 2008, and today he got his Covid-19 vaccine.

He told our Medical Director of Primary Care @NikkiKF and @croydonhealth CEO Matthew Kershaw that he's 'looking forward to a better 2021'.



1 18 65



St George's NHS FT @StGeorgesTrust · Dec 8
#CovidVaccine number 1 at St George's!

Here is the moment Arezou, one of our vaccination team, administered the first vaccine to our very first patient - Tharmini, who works in a local care home.



3 34 180

Video on Lennox House care home staff receiving the vaccine:

<https://www.youtube.com/watch?v=yI8pbEe3q8M&feature=youtu.be>

Preparing for residents to receive the vaccine

We need to prepare for when the vaccine is delivered in care homes

- Talk to residents and those important to them about the vaccine
- You may want to include information about the vaccine in newsletters to relatives
- Consent grouping – provisionally group residents into three categories to help prepare staff who will be giving the vaccine
 - Residents who are likely to have capacity to consent
 - Residents who have or may require a Legal Power of Attorney to consent on their behalf
 - Residents who may need a best interest decision made on their behalf

See sections on [consent](#) and [capacity](#) for further information

Staff and all residents who are able to give informed consent are required to do so in order to receive the vaccine

There is no legal requirement for consent to be in writing and a signature on a consent form is not conclusive proof that consent has been given, but serves to record the decision and the discussions that have taken place.

Consent should be recorded – this is a required field on the Pinnacle system that the staff giving the vaccine use.

Staff and residents should be provided with written information about the vaccine. Some people might not remember the information between the first and second dose

Some residents might not have capacity to consent to have the vaccine – **the same process** should be followed as for other interventions such as the flu jab

Mental Capacity Act

A reminder on the principles of the Mental Capacity Act

- Assume a person has the capacity to make a decision themselves, unless it's proved otherwise
- Wherever possible, help people to make their own decisions
- Don't treat a person as lacking the capacity to make a decision just because they make an unwise decision
- If you make a decision for someone who doesn't have capacity, it must be in their best interests
- Treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms

Capacity Assessment



- Remember that a capacity assessment is for a specific decision
- People can lack capacity to make some decisions but have capacity to make other decisions
- Mental capacity can fluctuate with time

Capacity assessment process:

- **Does the person have an impairment of their mind or brain?**
- **Does the impairment mean the person is unable to make a specific decision when they need to?**

The Mental Capacity Act says that a person is unable to make a decision if they can't:

- understand the information relevant to the decision
- retain that information
- use or weigh up that information as part of the process of making the decision

Before deciding a person lacks capacity it's important to take steps to enable them to try to make the decision themselves (see the next slide)

A webinar was recently held by the National Capacity Forum – you can find more information [here](#)

A London webinar was recently held on the Mental Capacity Act – you can find the slides [here](#)

Supporting residents to make decisions

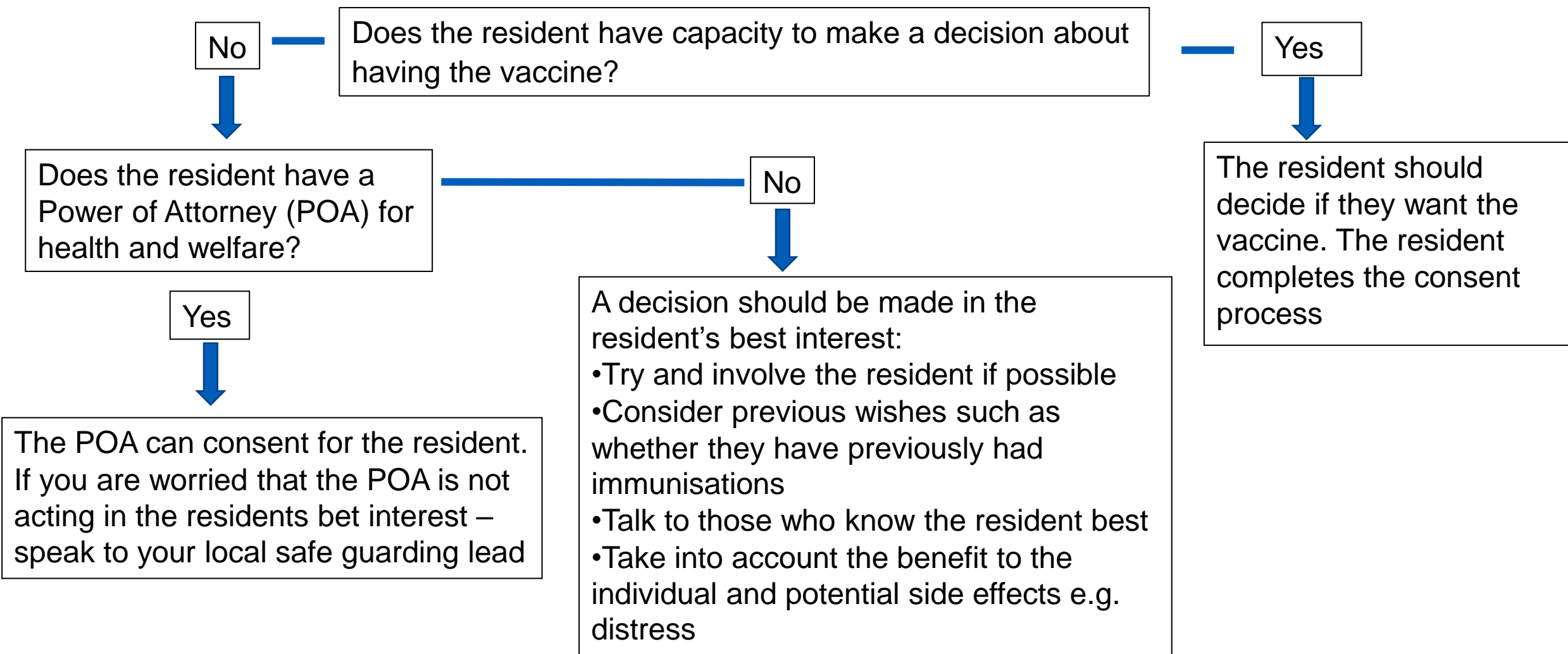
Before deciding a person lacks capacity, it's important to take steps to enable them to try to make the decision themselves.

- Does the person have all the relevant information they need e.g. the benefits and possible side effects?
- Could information be explained or presented in a way that's easier for them to understand (for example, by using simple language or visual aids)?
- Are there particular times of day when the resident's understanding is better – some people with dementia are more confused in the evening?
- Are there particular locations where the resident may feel more at ease e.g. in their room?

[Accessible Information from Mencap on the Vaccine](#)

[Assessing Capacity in people with learning disabilities](#)

Summary flow chart – capacity and best interests



Consent by the resident or POA and best interest decision should be recorded – this is a required field on the Pinnacle systems that the clinicians giving the vaccine use

Consent forms

Consent forms can be found here: [covid-19-vaccination consent forms](#)

This includes

- [Consent form](#) for care home residents who are able to consent
- Template [letter](#) for care home residents who are able to consent – contains information about the vaccine
- Consent form for completion by [Power of Attorney \(health and welfare\)](#)
- Template [letter](#) for Power of Attorney
- Form for a [relative](#) to express their views which may be part of a best interest decision
- Template [letter for relatives](#)

Staff consent form and letter can be found [here](#)

The screenshot shows the NHS COVID-19 vaccination consent form for care home residents. The form is titled "COVID-19 vaccination consent form" and is for "Care Home Resident (able to consent for themselves)". It includes sections for personal information, consent, and a table for recording vaccination details.

Consent for a course of COVID-19 vaccination (please complete one box only)
 If you are a woman of childbearing age, please ensure you have read the detailed guide to pregnancy and breastfeeding leaflet or view it here: www.nhs.uk/2020/02/24/covid-19-vaccination

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

What if there are COVID-19 cases or an outbreak at the home?

- COVID vaccine should be offered to residents and staff, with the aim of achieving high uptake as quickly as possible. **This includes instances when other residents have been diagnosed as having COVID-19 infection.**
- Vaccination against COVID may be temporarily deferred for some residents/staff e.g. if unwell or still within four weeks of onset of COVID symptoms, other staff and residents/staff should still have the vaccine
- A risk assessment should be carried out by the lead vaccinator and care home manager. If needed, advice should be sought from others such as the local health protection team.
The risk assessment may include:
 - number of covid-19 cases and suspected cases
 - whether the outbreak is emerging or resolving
 - ability to isolate residents
 - the environment and space for the vaccine e.g. isolating by floor

You can find more information in the guidance here: <https://www.england.nhs.uk/wp-content/uploads/sites/52/2020/12/C0993-Care-home-vaccination-guidance-31dec.pdf>

Capacity Tracker

- To track COVID vaccinations in care homes, the below questions are now included in capacity tracker

First COVID Vaccination			
Number currently known to have received the first dose	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Residents	Directly Employed Staff	Agency/Bank
Number currently known NOT to have received the first dose	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Residents	Directly Employed Staff	Agency/Bank
Number where the first vaccine dose is not yet known or undisclosed	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Residents	Directly Employed Staff	Agency/Bank

Second COVID Vaccination			
Number currently known to have received the second dose	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Residents	Directly Employed Staff	Agency/Bank
Number currently known NOT to have received the second dose	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Residents	Directly Employed Staff	Agency/Bank
Number where the second vaccine dose is not yet known or undisclosed	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Residents	Directly Employed Staff	Agency/Bank

- During the vaccination roll-out it is vitally important to find out how many staff and residents are being vaccinated.
- This will also create an opportunity to see where additional support is needed to ensure we can maximise access to the vaccination.
- Guidance will be available in Capacity Tracker to support filling in the questions as accurately as possible
- You may find this video on capacity tracker useful: <https://www.youtube.com/watch?v=jTMRxxPeXoo&feature=youtu.be> (specific information on the vaccine at 7mins 23secs)

For queries relating to the interpretation of the questions, please contact Capacitytracker-guidance@dhsc.gov.uk

For any technical/system queries please contact the Capacity Tracker team using necsu.capacitytracker@nhs.net

Capacity Tracker



Care homes (as well as community rehab facilities, hospices, and substance misuse providers), are expected to complete daily returns documenting their capacity and business continuity information on the Capacity Tracker platform. They are also required to complete a weekly return for the Infection Control Fund.

Each borough will have a CCG and/or local authority 'System Champion' who liaises with care homes in the area to ensure that they are completing the returns, and escalate issues. STP, London and national contacts, as well as helpful resources are shown below:

Contact	Name	Email	Phone
Capacity Tracker Technical Support Centre	n/a	necsu.capacitytracker@nhs.net	0191 691 3729
NHSEI London Capacity Tracker Regional Lead	Andre Lotz	andre.lotz@nhs.net	07718 130397
NECSU Capacity Tracker Regional Lead	Hassan Daji (until 30 September 2020 – replacement TBC)	hassan.daji@nhs.net	07976 703617
LondonADASS Programme Manager	Tristan Brice	tristan.brice@londonadass.org.uk	07702 553 593

ICS/STP	ICS/STP CT Lead	ICS/STP CT Technical Lead(s)
NCL	Shafeeq Tejani	Jim Pursell / Mark Bridgeford
NEL	Sanjit Deo	Annette Bidmead / Olga Buck
NWL	Beke Tshuma	Borough-level System Champions
SEL	Jubin Mama / Tinu Ojo	
SWL	Lucy McCulloch	Sarah Adam

ONLINE RESOURCES

User Type	User Guide	Business Continuity Guide	Webinar
Commissioner	https://careproduksstore.blob.core.windows.net/carehomeuserdocs/champions.pdf	n/a: Included in System Champion User Guide	youtu.be/d3NmFK33iq (18 June, 1300-1400)
Care Home	https://careproduksstore.blob.core.windows.net/carehomeuserdocs/care-home-userguide.pdf	https://careproduksstore.blob.core.windows.net/carehomeuserdocs/business-continuity.pdf	youtu.be/90_fGqGF8VI (19 June, 1110-1210)
Community Rehab	https://careproduksstore.blob.core.windows.net/carehomeuserdocs/acute-userguide.pdf	n/a: Community Rehab providers do not report Business Continuity via Capacity Tracker	
Hospice	https://careproduksstore.blob.core.windows.net/carehomeuserdocs/hospice-userguide.pdf	https://careproduksstore.blob.core.windows.net/carehomeuserdocs/hospice-business-continuity-guide.pdf	youtu.be/XwnRnM6ddec (4 May)
Substance Misuse	https://careproduksstore.blob.core.windows.net/carehomeuserdocs/misuse-userguide.pdf	https://careproduksstore.blob.core.windows.net/carehomeuserdocs/misuse-continuity.pdf	

Don't forget about the flu jab

“A care home can be a centre for infection to flourish!”

- There were **2,751 flu outbreaks in care homes** in 2019/20, around 70% of all outbreaks in England. However, less than a third of eligible care home staff were vaccinated for flu last winter.
- In 2017 a **care home** in Sutton **experienced a flu outbreak** in their home. This short film based on true events, shows the impact of the flu outbreak to staff and residents at the home: <https://www.youtube.com/watch?v=cyrYR1z-oRI&t=1s>

Why should care home staff get the flu jab?

- The flu vaccine is an extension of the PPE you have been using to protect yourself and others
- You are protecting the people you look after. You are interrupting the spread of flu by not passing flu onto the people in your care.
- You are also helping your co-workers by not being off sick – which can increase their workload. They will be doing the same for you.
- You are reducing the risk of flu outbreaks in the care home.
- You are also protecting yourself and your family from flu and the possibility of co-infection with COVID-19

The protective measures we all take against flu, by getting vaccinated, are as important for protecting ourselves, our loved ones and those we care for, as wearing PPE is for protecting against COVID-19

Please note there should be a gap of at least 7 days between the flu and COVID-19 vaccine

Additional FAQs

Will district nurses be able to deliver the vaccine?

There will be local decisions made on workforce (who is giving the vaccine). This could include district nurses. People giving the vaccine will have the training that they need.

Can residents be vaccinated by a GP who is not a GP at the practice they registered to?

Yes, temporary registration with the GP practice delivering the vaccine at the care home enables this to happen.

Will pharmacists be delivering the vaccine?

National talks are well advanced with community pharmacists to take part in the vaccination programme

Will care home nurses be asked to administer the vaccine? Will this be done under patient group direction?

There will be local decisions made on workforce (who is giving the vaccine). People giving the vaccine will receive the training that they need. If nursing staff in the care home are giving the vaccine it is expected that this would be done under a patient group direction – you can find out more information [here](#)

Do care homes need to access training prior to the vaccination programme starting?

People delivering the vaccine will receive the training that they need to safely administer the vaccine.

Additional FAQs

Do Power of Attorneys (health and welfare) have to fill out the consent form?

If there is a deputy or attorney with relevant authority, then the health care professional can only give the vaccination if the deputy or attorney has first given their consent. A record of discussion e.g. via email is acceptable and should be stored in the residents records. Consent is recorded on the Pinnacle system by the staff giving the vaccine

Will staff delivering the vaccine have epi pens?

The staff delivering the vaccine will have any emergency drugs necessary

Will GPs make sure everyone is suitable for the vaccine, for example, the people giving the vaccine might not have their medical records?

There are very few medical reasons which would make someone unsuitable for the vaccine. If you are concerned about an individual residents suitability you could speak with their named GP. The MHRA has released some updated guidance stating that any person with a history of immediate-onset anaphylaxis to a vaccine, medicine or food should not receive the Pfizer/BioNTech or Oxford/AstraZeneca vaccine. You can read further information [here](#)

Do we need to have anaphylaxis training?

The staff administering the vaccine will have had anaphylaxis training. Please ensure staff have their mandatory training.

Will the administration be staggered in care homes, so we don't have lots of residents or staff with side effects?

Yes, where appropriate the vaccine can be given to a certain number of residents and staff at a time, so not everyone has it at once.

Additional FAQs



Will the vaccine be mandatory?

There are no plans for a COVID-19 vaccine to be compulsory

Does the vaccine contain animal products?

The Pfizer/Biotech and Oxford/AstraZeneca vaccine **does not** contain any meat derivatives or porcine products. If, and when, further vaccines are approved we will publish information about known allergens or ingredients that are important for certain faiths, cultures and beliefs.

Does the vaccine contain any blood products?

The Pfizer/Biotech and Oxford/AstraZeneca vaccine **does not** contain any blood products. If, and when, further vaccines are approved we will publish information about known allergens or ingredients that are important for certain faiths, cultures and beliefs.

The flu vaccine is also available as a nasal spray will it be possible to have the COVID-19 vaccine as a nasal spray as well?

The COVID-19 vaccine is delivered by an injection.

Do we need to have the vaccine if we have already had COVID-19 and if we have antibodies?

Yes, we would recommend still getting the vaccine. The vaccine may offer longer protection than natural protection

Will there be more antibody tests considered for people who already have antibodies, to find out when they will need the vaccine?

We are not aware of any further plans for antibody tests. We would recommend getting the vaccine whether or not someone has antibodies, as the vaccine may offer longer protection.

Additional FAQs

What is an acceptable level of compliance for the vaccine to be successful?

We do not yet know exactly.

Can people with allergies have the vaccine?

The MHRA has released some updated guidance stating that any person with a history of immediate-onset anaphylaxis to a vaccine, medicine or food should not receive the Pfizer/BioNTech vaccine. You can read further information [here](#)

How long will the vaccine last for, will we need another one in a year?

We expect these vaccines to work for at least a year – if not longer. This will be constantly monitored. Booster doses of COVID-19 vaccine are not yet recommended because the need for, and timing of, boosters has not yet been determined.

Can residents have the vaccine if they currently have COVID-19?

Provisional guidance from Public Health England says that vaccination should be delayed in those with confirmed infection to avoid confusing any symptoms. They recommend that vaccination should ideally be delayed until the person has recovered, and at least four weeks after symptoms or a positive test.

How long do you have to wait between the flu jab and COVID vaccine?

Provisional guidance from Public Health England recommends that there should be at least 7 days between another vaccine and the COVID vaccine.

Is the vaccine a one-off dose?

Both the Pfizer/BioNTech and Oxford/AstraZeneca vaccine require 2 doses.

Additional FAQs

How do we know if the vaccine has worked, is there a test afterwards?

We are not aware of any tests for people to have afterwards to show the effectiveness. The Pfizer/BioNTech vaccine is reported to be 95% effective

What happens if someone refuses the second jab?

The vaccine is not mandatory, so people could refuse the second jab. The vaccine is delivered in two doses, so it would not be as effective if someone only has one dose.

Are people going to get vaccine passports? So they can go to sporting events and travel abroad?

The Government have said that there are no plans to introduce a vaccine passport to give people access to places such as pubs and restaurants.

Will agency staff get the vaccine?

Yes, agency staff are included as social care workers. Please do include agency staff in your local vaccine discussions.

Can staff who are pregnant receive the vaccine?

Vaccination with either vaccine in pregnancy should be considered where the risk of exposure COVID-19 infection is high and cannot be avoided, or where the woman has underlying conditions that place her at very high risk of serious complications of COVID-19. The risks and benefits of vaccination should be discussed. Those who are trying to become pregnant do not need to avoid pregnancy after vaccination, and breastfeeding women may be offered vaccination with either vaccine following consideration of the woman's clinical need for immunisation against COVID-19.

Resources

- Standard operating procedure – [vaccine deployment in community services](#)
- Letter to care homes: <https://www.gov.uk/government/publications/covid-19-vaccinations-and-care-homes-programme-launch/covid-19-vaccinations-and-care-homes-programme-launch>
- COVID-19 vaccine information for [social care staff](#)
- COVID-19 vaccination guide for [healthcare workers](#)
- Leaflet on why you are being [asked to wait](#) for COVID-19 vaccination
- COVID-19 vaccination guide for [older adults](#)
- COVID-19 vaccine [pregnancy information leaflet](#)
- What to expect [after your COVID-19 vaccination](#)
- Consent [forms and letters](#)
- General vaccine fact sheets, which can be downloaded [here](#)
- [Guidance](#) for COVID-19 vaccination in care homes that have cases or outbreaks
- [Q&A video](#) for social care staff Download a zip file which has short videos (designed for social media) about the JvCI, what vaccines are, and the oxford vaccine [here](#)
- Video on [how the vaccine was made so quickly](#)

Resources continued

- Useful tips on [COVID-19 vaccine for people with dementia](#)

Learning disabilities

- NHS England Learning Disability and Autism Programme [social media clips on vaccination](#)
- [Assessing Capacity in people with learning disabilities](#)
- North East and Cumbria paper on [Delivering COVID-19 vaccine to adults with learning disability/autism](#)
- Information sheet [COVID-19 Vaccine Accessibility and reasonable adjustments for individuals with severe learning disabilities whose behaviour challenges](#)
- [Accessible Information from Mencap on the Vaccine](#)