

# COVID-19 vaccination programme Workforce and training workstream

## **Workforce considerations for phase 3 children's vaccination**

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

This document is based on the current assumptions of the programme. **It is therefore subject to change**, based on further JCVI guidance

## Covered in this section:

- 1** Design principles
- 2** Clinical red lines
- 3** Workforce model requirements
- 4** Training considerations
- 5** DBS clearance requirements

This section provides an overview of the design principles and red lines which will serve as the basis for building appropriate workforce models to deliver the Covid-19 vaccination to children.

- This cohort is constituted of children aged between 12 to 18 years of age, with the Medicines and Healthcare products Regulatory Agency (MHRA) having authorised the vaccination of 12-15 year old cohort with Pfizer vaccine
- JCVI [updated guidance](#) advises that:
  - All healthy children aged 16 and 17 should be offered only one dose of Pfizer, further guidance around second dose required and appropriate interval will be issued in due course.
  - All “at-risk” children aged 16 and 17 as part of priority cohorts 4 & 6 and those within three months of their 18<sup>th</sup> birthday should be offered two doses of Pfizer with an interval of 8 weeks between doses
  - Children aged 12 to 15 with specific underlying health conditions that put them at risk of severe COVID-19 should be offered 2 doses of Pfizer with an interval of 8 weeks between doses
  - Children over 12 who are household contacts of an immunosuppressed person should also be offered 2 doses of Pfizer
- The vaccination of 12-15 year olds is to be delivered primarily through Local Vaccination Services
- The vaccination of 16-17 year olds is to be delivered primarily through Local Vaccination Services, but this service will be available in Vaccination Centres to increase cohort uptake
- The vaccination of individuals within 3 months of their 18<sup>th</sup> birthday will be delivered through Vaccination Centres, Community Pharmacies and Hospital Hubs
- Vaccination Centres delivering the vaccination to this cohort should have a clear pathway in place with staff meeting the training requirements and additional checks to ensure the child’s safety
- Flu and Covid-19 vaccination campaigns will not run concomitantly for children and will need to meet the appropriate dosage interval guidance
- The National Protocol should be prioritised as the default mechanism of delivery where possible. Other legal frameworks are available to support, but the same training requirements will stand. PSD is recommended when the National Protocol is not available.
- The National Protocol should be prioritised as the default mechanism of delivery, but other legal frameworks are available to support when required
- The model adopted must comply with medicines regulations
- Workforce must be appropriately trained and competent to deliver and manage the vaccine and cohort
- The workforce model is focused on the experience and competence required for each of the roles and the proportionate paediatric experience to safely deliver the vaccination to this cohort
- Optimal use of the unregistered workforce in the correct roles should be considered to ensure sustainability and scalability of the workforce
- Appropriate clinical and operational supervision and escalation must be in place
- Social distancing of 2m remains standard practice in all vaccination settings.

## Clinical red lines (1)

### Clinical assessment and consent:

- Consent for young people will be in alignment with the Green Book chapter on consent. Children, or those giving consent on their behalf, must be given enough information to enable them to make a decision before they give consent. This should include information about the process, benefits and risks of the Covid-19 vaccination. Consent needs to be agreed prior to vaccinating the child and documented. Parents must be given sufficient information prior to consenting – this includes access to a registered healthcare professional to have an individual conversation as part of the information process and to respond to queries prior to giving consent.
- Information for consent and vaccination must not be provided at the same point in time and information needs to be multi modal. Consent should be sought through an appropriate mechanism and, where possible, it is recommended that a method of recording that information has been received and considered is in place.
- Children 16 and over can complete their own consent.
- Children under 16s can consent themselves using the Gillick competence (providing the child has the capacity and maturity to understand what they are consenting to). It is advised that parents of those under 16 are involved in the consent process, and if a healthcare professional considers that the child is not Gillick competent, the consent of someone with parental responsibility should be sought. Parents can consent for the course of vaccination although checking that consent is still valid needs to be confirmed on the day each time.
- Consent can be withdrawn at any given time during the course of the vaccination. If children over 16 or a Gillick-competent child consent to treatment, a parent cannot override that consent.
- If there is new information between the time consent was given and when the immunisation is offered, it may be necessary to inform the patient and for them to re-confirm their consent (for example when there is new evidence for the vaccine risks and benefits, or a significant change in the individual's condition).
- The clinical assessment and consent process must be carried out by a **trained registered healthcare professional only, and previous experience of school vaccination programmes or with children is required for children under 16.**
- Clinical screening questions will need to be answered and documented prior to the child being vaccinated. The same questions will apply as the current process within the IT system. The questions will need to be filled maximum 48 hours prior to vaccinating. The use of self-assessment apps or non-registered workforce to support the completion of questions is permitted, but the actual clinical review and assessment of eligibility for the vaccination must be carried out by a registered healthcare professional.
- On the day of the vaccination, children will need to be asked if they are feeling well, if they are happy to get their vaccination and have addressed any questions or concerns.
- Staff need to recognise that children may need more time to process the information so this should be factored in when considering pace of delivery.

## Clinical red lines (2)

### Vaccine delivery:

- Dilution and draw up must be carried out by an appropriately trained and competent member of staff with **recent experience in dilution and drawing up using aseptic non-touch technique** under supervision or by a doctor, nurse or pharmacist with experience in aseptic technique.
- **The minimum standard** for an individual to be able to administer the vaccine to the child aged 12-15 years old is
  - a) Paediatrically trained registered nurse OR
  - b) An individual who demonstrates (regardless of their registration status):
    - Qualification at NVQ 3-4 Level or equivalent AND
    - Competence:
      - In a healthcare setting
      - Giving IM injections to children
      - Managing distressed children
- **The minimum standard** for an individual to be able to administer the vaccine to children 16 and above is a registered or unregistered vaccinator under the supervision of a registered healthcare professional, as per the requirements for the adult cohort. A visual assessment of the child's BMI is recommended to be undertaken and the child should be passed on to the registered healthcare professional when required.

### Post vaccination observation:

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

### Supervision:

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

## Clinical red lines (3)

### **Non-clinical staff:**

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

### **Volunteers:**

- Volunteers can be used to support marshalling and patient support.

### **Other considerations:**

- All staff including volunteers will require Enhanced DBS checking with adult and child barred lists information for cohort of children aged 12-15 years.
- Registered healthcare professionals, unregistered vaccinators, healthcare support workers and SJA volunteers in the role of a vaccinator and post-vaccination observation will require Enhanced DBS checking with adult and child barred lists information for cohort of children aged 16-17 years. Volunteer stewards will not require DBS checks for this cohort if they are supervised by a member of staff with Enhanced DBS check.
- More information on the DBS requirements can be found [here](#).
- The NHS Employers employment check standards set out what the requirements are: [www.nhsemployers.org](http://www.nhsemployers.org).
- Consideration needs to be given for managing disclosure from the child and for handling more sensitive topics such as questions around pregnancy.

# Workforce model requirements for 16-17 year olds under the National Protocol



The programme assumption is that this cohort will be vaccinated through LVS sites but with the focus on increasing cohort uptake, in some instances, as VCs are more accessible for this cohort. The same workforce requirements will continue to apply but consideration does need to be given to additional checks and training requirements for the management of young people.

Vaccination stage & role required	Responsibility	Current programme's requirements for adults	Additional requirements for this cohort
Clinical Assessment & Consent	<ul style="list-style-type: none"> <li>Assess if the child is eligible for vaccination</li> <li>Ensure appropriate risk/benefit conversation and that child understands the vaccine info and address any concerns</li> </ul>	RHCP Patient can self-consent	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding training</li> <li>L2 standard in Paediatric BLS (in line with local policy)</li> <li>Having more challenging risk/benefit conversations</li> </ul>
Vaccine preparation	<ul style="list-style-type: none"> <li>Dilute and/or draw up the vaccine from the vial using aseptic technique</li> </ul>	Competent vaccinator	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding training</li> <li>L2 standard in Paediatric BLS (in line with local policy)</li> </ul>
Administration of vaccine	<ul style="list-style-type: none"> <li>Administer vaccine using IM technique</li> </ul>	Competent vaccinator	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding training</li> <li>L2 standard in Paediatric BLS (in line with local policy)</li> <li>Administering IM injections to children</li> </ul>
Clinical supervision	<ul style="list-style-type: none"> <li>Oversee vaccine activity and be the clinical escalation point to be compliant with the national protocol</li> </ul>	Doctor, nurse or pharmacist competent in all aspects of the process	<p>The below requirements can be met by the same or multiple individuals:</p> <ul style="list-style-type: none"> <li>Doctor, nurse or pharmacist competent in all aspects of the process, including the competencies of all staff they supervise</li> <li>On-site registrant competent in dealing with and vaccinating young people to respond to any challenging situations</li> <li>Identified and immediately available (on-site or off-site) Safeguarding Lead who is trained to in L3 Safeguarding Children &amp; Adults</li> </ul>
Post vaccination observation*	<ul style="list-style-type: none"> <li>Observe child post vaccination and offer BLS when needed.</li> </ul>	Adult BLS	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding training</li> <li>L2 standard in Paediatric BLS (in line with local policy)</li> </ul>
Admin**	<ul style="list-style-type: none"> <li>Patient and vaccine record keeping</li> </ul>	Unregistered staff	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding training</li> </ul>
Other roles**	<ul style="list-style-type: none"> <li>Patient support</li> <li>Marshalling</li> </ul>	Unregistered staff or volunteers	Same requirement applies

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

\*SJA volunteers require an enhanced DBS check with adult and child barred lists, which they don't currently hold. Therefore, it is recommended that volunteers are not utilised for clinical roles such as vaccine administration and post-vaccination observation for this cohort.

\*\*Admin and volunteer stewards do not require additional DBS checks, if they are supervised by a person holding an enhanced DBS check.



# Workforce model requirements for 12-15 year olds under National Protocol



The programme assumption is that this cohort will be vaccinated through LVS sites and consideration does need to be given to additional checks and training requirements to safely vaccinate this cohort. The table below provides a summary of the workforce roles, minimum requirements and which staffing groups are appropriate to each role\*:

Vaccination stage & role required	Responsibility	Min standard requirements						Who can fill the role (with appropriate training competence)
		Paed Competent	IM Paed Competent	Paed BLS Competent	Aseptic non-touch technique competent	Safeguarding L2 Child & Adult Competent	RHCP only required	
Clinical Assessment & Consent	<ul style="list-style-type: none"> <li>Assess if the child is eligible for vaccination</li> <li>Ensure appropriate risk/benefit conversation and that child understands the vaccine info and address any concerns</li> </ul>	Yes	No	Yes	No	Yes	Yes	HCP
Vaccine preparation	<ul style="list-style-type: none"> <li>Dilute and/or draw up the vaccine from the vial using aseptic technique</li> </ul>	No	No	Yes	Yes	Yes	No**	HCP, HCAs, Unregistered vaccinators
Administration of vaccine	<ul style="list-style-type: none"> <li>Administer vaccine using IM technique</li> </ul>	Yes	Yes	Yes	No	Yes	No**	HCP, HCAs, Unregistered vaccinators
Clinical supervision	<ul style="list-style-type: none"> <li>Oversee vaccine activity and be the clinical escalation point to be compliant with the national protocol</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Doctor, nurse or a pharmacist
Post vaccination observation	<ul style="list-style-type: none"> <li>Observe child post vaccination and offer BLS when needed.</li> </ul>	Yes***	No	Yes	No	Yes	No	HCAs
Admin	<ul style="list-style-type: none"> <li>Patient and vaccine record keeping</li> </ul>	No	No	No	No	Yes	No	Admin, HCAs
Other roles	<ul style="list-style-type: none"> <li>Patient support</li> <li>Marshalling</li> </ul>	No	No	No	No	No	No	RVS, SJA

**Legal guidance should be followed for the provision of DBS checks. All staff will require specific DBS checks when working with different children cohorts in different vaccination settings.**

All staff undertaking roles within the vaccination programme will need to be signed off as competent locally by the relevant service provider this will enable experience to also be assessed.

\*Please note that the minimum standard requirements list in the table is **not** exclusive and only highlights key components. Please visit the next slides for complete training requirements.

\*\*Unregistered vaccinators with appropriate experience, training and competence sign-off.

\*\*\*Additional training in BLS for paediatrics.

# Training requirements for vaccinating 16-17 year olds



The training requirements listed below are **in addition to** the standard training requirements for staff involved in COVID-19 vaccination of adults (a reminder can be found in the [appendix](#)). The training requirements only apply to specific staff who are participating in the clinical pathways vaccinating 16-17 year olds, not necessarily all staff working at a site.

## 1. Safeguarding:

- RHCPs should at least provide a self-declaration of compliance with L2 Child Safeguarding training and L2 Adult Safeguarding training.
- Unregistered staff should provide evidence of completion of L2 Child Safeguarding and L2 Adult Safeguarding training in line with local policy.
- There should be an identified and immediately available (on-site or off-site) Safeguarding Lead who is trained to a Level 3 standard in Safeguarding Children and Safeguarding Adults in line with local policy.
- Staff should be aware of the [Safeguarding app](#) and resources available within the app.

## 2. Basic Life Support:

- Prior to vaccinating children, there should be a minimum of 1 clinical (RHCP) and 1 other staff member on duty for each shift who is trained to a L2 standard in Paediatric BLS. Within 4 weeks, all clinical staff should be trained to a L2 standard in Paediatric BLS. Delivery of this training is down to local determination based on local policy. As a minimum staff are able to follow [First Responder guidance](#) and local risk assessments should be in place to determine any additional requirements beyond this.
- If available, clinical staff should also be trained in how to use the available defibrillator (not specifically to children).
- Non-clinical staff are not required to complete Paediatric BLS training.

## 3. Consent:

- Locally determined training refresher for RHCPs conducting the consent task to include mental capacity and the role of legal guardians, and ensuring staff understand that this cohort can self-consent and that they are appropriately informed to consent.\*\*

## 4. Handling difficult conversations:

- RHCPs conducting clinical assessment should be appropriately trained\*\* so they are competent in having more challenging risk/benefit conversations and handling delicate situations (e.g. in situations where the child is accompanied by a parent and needs to answer the question around pregnancy).

## 5. IM injection administration:

- All vaccinators, unless they can demonstrate they are previous trained, need to have received face-to-face training\* in administering IM injections to children. This needs to include vaccinating into less developed deltoid muscles and managing a restless individual.

## 6. Responding to psychogenic reactions to needles:

- There needs to be an identified and immediately available clinician with competence\*\* in responding to psychogenic reactions, such as fainting, which occur more commonly in younger cohorts. It would also be beneficial for Vaccinators to also be trained in responding to psychogenic reactions.

## 7. Working with children with special educational needs and disabilities.

- For sites vaccinating children with special educational needs and disabilities then all clinical staff need to have the skill and competence\*\* to care for this group of patients.

\* This may be through a period of supervision before the individual is deemed competent.

\*\* Locally determined.

# Minimum MAST training requirements for vaccinating 16-17 year olds



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

**Key:**

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

\*Change from requirements for adult vaccinations.

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

# Training requirements for 12-15 year olds

The training requirements listed below are **in addition to** the standard training requirements for staff involved in COVID-19 vaccination of adults (a reminder can be found in the [appendix](#)).  
The training requirements only apply to specific staff who are participating in the clinical pathways vaccinating 12-15 year olds, not necessarily all staff working at a site.

## 1. Safeguarding:

- RHCPs should at least provide a self-declaration of compliance with L2 Child Safeguarding training and L2 Adult Safeguarding training.
- Unregistered staff should provide evidence of completion of L2 Child Safeguarding and L2 Adult Safeguarding training in line with local policy.
- There should be an identified and immediately available (on-site or off-site) Safeguarding Lead who is trained to a Level 3 standard in Safeguarding Children and Safeguarding Adults in line with local policy.
- Staff should be aware of the [Safeguarding app](#) and resources available within the app.

## 2. Basic Life Support:

- Prior to vaccinating children, there should be a minimum of 1 clinical (RHCP) and 1 other staff member on duty for each shift who is trained to a L2 standard in Paediatric BLS. Within 4 weeks, all clinical staff should be trained to a L2 standard in Paediatric BLS. Delivery of this training is down to local determination based on local policy. As a minimum staff are able to follow [First Responder guidance](#) and local risk assessments should be in place to determine any additional requirements beyond this.
- If available, clinical staff should also be trained in how to use the available defibrillator (not specifically to children).
- Non-clinical staff are not required to complete Paediatric BLS training.

## 3. Capacity and consent for children:

- RHCPs conducting clinical assessment and consent should be appropriately trained\*\* so they are competent in having more challenging risk/benefit conversations and dealing with more complex consent situations. They should also be trained and competent in the use of the Gillick principle.

## 4. Handling difficult conversations:

- RHCPs conducting clinical assessment should be appropriately trained\*\* so they are competent in having more challenging risk/benefit conversations and handling delicate situations (e.g. in situations where the child is accompanied by a parent and needs to answer the question around pregnancy).

## 5. IM injection administration:

- All vaccinators, unless they can demonstrate they are previous trained, need to have received face-to-face training\* in administering IM injections to children. This needs to include vaccinating into less developed deltoid muscles and managing a restless individual.

## 6. Responding to psychogenic reactions to needles:

- Prior to vaccinating children, there needs to be an identified and immediately available clinician with competence\*\* in responding to psychogenic reactions, such as fainting. Within 4 weeks, all Vaccinators should have received training in responding to psychogenic reactions.

## 7. Training on working with children:

- Prior to vaccinating children, there needs to be an identified and immediately available member of staff trained to deal with challenging behaviours such as needle phobia, anxiety, hysteria and misbehaviour. Within 4 weeks, all clinical staff should have been trained\*\* to deal with challenging behaviours such as needle phobia, anxiety, hysteria and misbehaviour.

## 8. Working with children with special educational needs and disabilities.

- For sites vaccinating children with special educational needs and disabilities then all clinical staff need to have the skill and competence\*\* to care for this group of patients.

# Minimum MAST training requirements for 12-15 year olds



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

### Key:

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

\*Change from requirements for adult vaccinations.

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

# Frequency of Statutory/Mandatory Training Refresh

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

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

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

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

# Available Training Resources



The below table includes a list of nationally available training products which may be used to support training of staff for phase three child vaccinations. Please note the below products are options which may be used, however training should be delivered in accordance with local policies.

Training Component	Training Product / Supportive Material
<b>Safeguarding</b>	<a href="#">NHS Safeguarding app</a>
	<a href="#">Safeguarding Children (Level 2) e-learning</a>
	<a href="#">Safeguarding Adults (Level 2) e-learning</a>
	<a href="#">Safeguarding Children (Level 3) e-learning</a>
	<a href="#">Safeguarding Adults (Level 3) e-learning</a>
<b>Paediatric BLS</b>	<a href="#">PHE COVID-19: Guidance for First Responders</a>
	<a href="#">Resuscitation Paediatric (Level 2) e-learning</a>
	<a href="#">Resus Council UK: Paediatric Out-of-hospital Basic Life Support Algorithm 2021</a>
	<a href="#">London Ambulance Service: How to use a defibrillator</a>
	<a href="#">St John Ambulance: How to use a defibrillator</a>
<b>Consent</b>	<a href="#">PHE: The Green Book, Chapter 2 (Consent)</a>
	<a href="#">Capacity and Consent e-learning</a>
<b>Managing Fainting</b>	<a href="#">NHS: How to put someone in the recovery position</a>
	<a href="#">NHS: Causes, symptoms and management of fainting</a>
	<a href="#">St John Ambulance: Causes, symptoms and treatment of fainting</a>
	<a href="#">Devon CCG: Guidance for managing fainting at vaccination sites</a>
	<a href="#">Guy's &amp; St Thomas' NHS Foundation Trust: Overcoming your needle phobia</a>
<b>Supporting children during vaccinations</b>	See Appendix 3 – also available on the <a href="#">FutureNHS platform</a>

# Minimum DBS clearance requirements for child vaccination



Role	Role is provided by	Responsibility	Minimum DBS clearance requirement			
			Current state vaccination programme*	Vaccination of 16-17 year olds	Vaccination of 12-15 year olds (in VC, HH or LVS settings)	Vaccination of 12-15 year olds (in schools or educational settings)
<b>Volunteer Stewards</b>	<ul style="list-style-type: none"> <li>Royal Voluntary Service</li> </ul>	<ul style="list-style-type: none"> <li>Welcoming patients to the centres</li> <li>Marshalling through the site</li> </ul>	Not DBS checked	<b>Not DBS checked</b>	<b>Not DBS checked</b>	Enhanced DBS check with adult and child barred lists information
<b>Registered Healthcare Practitioner</b>	<ul style="list-style-type: none"> <li>NHS bank or substantive staff</li> <li>Agency workers</li> </ul>	<ul style="list-style-type: none"> <li>Clinical assessment and consent</li> <li>Vaccine preparation (dilution and draw up of the vaccine)</li> <li>Vaccine administration using IM technique</li> <li>Clinical supervision</li> </ul>	Enhanced DBS check with adults barred lists information	Enhanced DBS check with adult and child barred lists information	Enhanced DBS check with adult and child barred lists information	
<b>Unregistered vaccinators</b>	<ul style="list-style-type: none"> <li>NHS bank or substantive staff</li> <li>NHS Professionals</li> <li>Agency workers</li> </ul>	<ul style="list-style-type: none"> <li>Vaccine preparation (dilution and draw up of the vaccine)</li> <li>Vaccine administration using IM technique</li> </ul>	Enhanced DBS check with adults barred lists information	Enhanced DBS check with adult and child barred lists information	Enhanced DBS check with adult and child barred lists information	
<b>St John Ambulance volunteers</b>	<ul style="list-style-type: none"> <li>St John Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>Vaccine preparation (draw up of the vaccine)</li> <li>Vaccine administration using IM technique</li> <li>Post vaccination observation</li> </ul>	Enhanced DBS check without adult barred list information	Enhanced DBS check with adult and child barred lists information	Enhanced DBS check with adult and child barred lists information	
<b>Healthcare support workers</b>	<ul style="list-style-type: none"> <li>NHS bank or substantive staff</li> <li>Agency workers</li> </ul>	<ul style="list-style-type: none"> <li>Vaccine preparation (dilution and draw up of the vaccine)</li> <li>Vaccine administration using IM technique</li> <li>Post vaccination observation</li> </ul>	Enhanced DBS check with adults barred lists information	Enhanced DBS check with adult and child barred lists information	Enhanced DBS check with adult and child barred lists information	
<b>Admin</b>	<ul style="list-style-type: none"> <li>NHS bank or substantive staff</li> <li>Agency workers</li> </ul>	<ul style="list-style-type: none"> <li>Welcoming patients to the centres</li> <li>Patient and vaccine record keeping</li> </ul>	Basic disclosure	<b>Basic disclosure</b>	<b>Basic disclosure</b>	

\*More details can be found in [Appendix 1](#).



## Appendix 1:

# Disclosure and Baring Service checks – Current programme assumptions



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

Workforce	DBS guidance
<b>Healthcare workers already working in the NHS</b>	<ul style="list-style-type: none"><li>• Staff who have had a DBS check within the last three years, or are subscribed to the DBS Update Service, do not need to rechecked.</li><li>• Where this is not the case, eg the DBS check was carried out more than three years ago, or their original disclosure showed offences that might need to be considered, then consideration must be given as to whether a new check would be required.</li><li>• Those newly recruited to the NHS to work in regulated activity will be eligible for a free and fast track check.</li></ul>
<b>Support roles (non-regulated activity)</b>	<ul style="list-style-type: none"><li>• Recruitment to non-regulated role may require DBS check.</li><li>• Although there is no equivalent fast track service for support roles, provisions are in place to enable them to start work or volunteer under supervision, until their disclosure is received (in line with lead employer processes).</li><li>• NHS Employers has produced a guide outlining a range of <u>role based scenarios</u> and eligibility for different levels of check.</li></ul>
<b>Recruitment through NHS Professionals</b>	<ul style="list-style-type: none"><li>• The national contract requires that all staff and workers recruited by NHS Professionals will be DBS checked.</li></ul>
<b>Volunteers</b>	<ul style="list-style-type: none"><li>• Royal Voluntary Service volunteers will not be conducting regulated activity and will not be subject to a DBS check.</li><li>• St John Ambulance are likely to have had DBS clearances but assurance will be required. SJA is contracted to DBS to check their staff.</li></ul>

DBS guidance on COVID-19 roles which would be eligible for this type of check can be found on [gov.uk](https://www.gov.uk).

## Appendix 2:

# Training requirements for COVID-19 vaccination of adults



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

The training set out in the PHE recommendations includes:

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

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

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

# Appendix 3: Top tips for supporting children and young people during vaccination

This resource is available to download from the [FutureNHS platform](#). It may be shared with staff to support them with supporting children and young people during vaccinations, particularly managing any anxiety they may have.

## Top tips for supporting children and young people during vaccination

Getting vaccinated can be daunting for some people, particularly children and young people. They may be anxious, scared or needle phobic. This resource provides some tips and techniques for supporting them whilst they are receiving their vaccination.



### Pre-Vaccination

There are things you can do to prevent this anxiety from building up whilst they are waiting for their turn to be vaccinated. For example:

- **Explain how vaccines work** to protect them and their friends and families. Use the same language that is in the information leaflets for their particular age group and provide these for them to read whilst waiting.
- **Use distraction techniques** such as chatting to them, suggesting they play a game on their phone, or having a TV on in the waiting area.
- **Be observant to non-verbal for signs of anxiety** such as being really quiet, talking loudly, biting their nails, looking at the exit or struggling to engage.
- **Consider taking particularly anxious people aside** for additional support or fast-tracking them.
- **If they are feeling anxious**, encourage them to take deep breaths. Provide them with a glass of water and a small snack (if you have one).
- **Use the 5 senses grounding technique to calm them down.** Ask them to identify one thing they can see, hear, touch, taste and smell.



### During Vaccination

There are things you can do to help them to feel comfortable during the vaccination and make the experience a positive one.

#### Ensure you have a positive and calming demeanour:

- **Build a relationship** with them and their accompanying adult (if they have one). Introduce yourself and ask them some questions about themselves.
- **Consider your body language.** Be relaxed and open.
- **Show empathy.** Be sensitive to their anxiety and **be patient.**
- **Try making them laugh and remember to smile!**
- **Use a calming voice.** Remember, if you seem stressed it will make them stressed.

#### Techniques for managing anxiety during vaccination:

- **Break the process down into steps** so they don't feel overwhelmed and are aware of what is going to happen next.
- **Be honest with them.** Tell them they will feel it, but it will be over very quickly.
- Ask them to **think of a safe and relaxing place** in their mind.
- **Direct their attention away from the needle.**
- **If they feel faint**, use the applied tension technique to get their blood pressure back to normal. Ask them to tense the muscles in their arms and legs for 15 seconds, release, wait 30 seconds and then tense again. Repeat 5 times.

### Post-Vaccination

Provide support and reassurance after they have received their vaccination:

- **Reassure them** that it is done and give them one of the "I've had my COVID vaccination" stickers.
- **Express that they have done an important thing** and have helped prevent their family and friends from getting sick.
- **If they feel faint**, encourage them to take deep breaths. Provide them with a glass of water and a small snack (if you have one).



### Remember

- ✓ Ensure you have a calming demeanour.
- ✓ Be honest and make sure they understand what is happening at every stage.
- ✓ Offer water if they feel faint.
- ✓ Engage with their parents or guardians if they are accompanied by them. They will be able to provide help if needed.
- ✓ Use distraction techniques.
- ✓ Remind them of the benefits of having the vaccine to protect themselves and others.

## Further resources

### Appendix 3: Top tips for supporting children and young people during vaccination

This resource is available to download from the [FutureNHS platform](#). It may be shared with staff to support them with supporting children and young people during vaccinations, particularly managing any anxiety they may have.

**Derbyshire Community Health Services: Fear of needles (needle phobia) – and how to deal with it!**

<https://www.youtube.com/watch?v=wRjL8OEaoRw>

**Guy's and St Thomas' NHS Foundation Trust: Overcoming your needle phobia (fear of needles).**

<https://www.guysandstthomas.nhs.uk/resources/patient-information/all-patients/overcoming-your-fear-of-needles.pdf>

**NHS England: Fainting.** <https://www.nhs.uk/conditions/fainting/>

**NHS England: How to put someone into the recovery position.** <https://www.youtube.com/watch?v=TRQePNmR66w>

**NHS England: Supporting people with a learning disability and autistic people to get the COVID-19 vaccination.**

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/03/COVID-19-vaccination-training-for-clinicians-feb-2021.pdf>

**POEMS for Children (charity).** <https://www.poemsforchildren.co.uk/>

**Public Health England: What to expect after your COVID-19 vaccination. Advice for children and young people.**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1008090/PHE\\_12073\\_COVID-19\\_What\\_to\\_expect\\_CYP\\_leaflet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1008090/PHE_12073_COVID-19_What_to_expect_CYP_leaflet.pdf)

**Public Health England: COVID-19 vaccination for children and young people aged 12 to 15 years.**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1008730/PHE\\_12124\\_COVID-19\\_vaccination\\_for\\_at\\_risk\\_CYP\\_simple\\_text\\_leaflet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1008730/PHE_12124_COVID-19_vaccination_for_at_risk_CYP_simple_text_leaflet.pdf)

**St John Ambulance: Fainting.** <https://www.sja.org.uk/get-advice/first-aid-advice/unresponsive-casualty/fainting/>