



# ICARS Newsletter

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Issue 59: 15th October 2021

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## Immunisation Clinical Advice Response Service

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### *About this bulletin:*

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

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PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE  
VACCINATION PROGRAMME

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

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**1. REMINDER: 15-minute observations post-Pfizer and Moderna vaccination**

This is a reminder for all vaccinators and vaccinating services should observe those who have been vaccinated with Pfizer or Moderna for 15 minutes post vaccination, as advised in the COVID-19 Chapter 14a of the Green Book for possible allergic reactions as described below:

[Green Book Chapter 14a COVID-19](#) p.29 : *Individuals with a history of allergy*

*A very small number of individuals have experienced anaphylaxis when receiving a COVID-19 vaccine. Anyone with a history of allergic reaction to an excipient in the COVID-19 vaccine should not receive that vaccine (except with expert advice), but those with any other allergies (such as a food allergy) – including those with prior anaphylaxis – can have the vaccine.*

*The Pfizer BioNTech and Moderna mRNA vaccines contain polyethylene glycol (PEG). PEGs (also known as macrogols) are a group of known allergens commonly found in medicines, many household products and cosmetics. Medicines containing PEG include some tablets, laxatives, depot steroid*

*injections, and some bowel preparations used for colonoscopy. Known allergy to PEG is rare but has been implicated in a minority of allergic reactions reported.*

**All recipients of the Pfizer BioNTech and Moderna vaccines should be kept for observation and monitored for a minimum of 15 minutes.** Facilities for management of anaphylaxis should be available at all vaccination sites (see chapter 8). Advice has also been issued by the Resuscitation Council (<https://www.resus.org.uk/about-us/news-and-events/rcuk-publishes-anaphylaxis-guidance-vaccination-settings>).

## **2. Recording COVID vaccinations administered overseas or outside England**

We are trialling a new service to capture evidence of COVID vaccinations administered in countries outside of England and have these recorded in the National Immunisation Management System.

Closed pilots will be running at selected vaccination centre sites in each region during October to test the service. The pilot will involve a number of eligible users being invited to book a special appointment to have their NHS record updated if they have received one of the four MHRA-approved vaccine types - Astra Zeneca (Vaxzevria), Pfizer (Comirnaty), Janssen or Moderna (Spikevax).

A national rollout involving more sites will then follow supported by staff guidance and online content and 119 assistance for users.

The service should ensure that a larger number of records are updated without a need for GP involvement.

The service is being developed to supplement the Vaccine Data Resolution Service (VDRS) that is helping to resolve missing or incorrect vaccination records for people vaccinated in England who have a current NHS number and are registered with a GP practice in England.

In the meantime, PCN and community pharmacy led sites should continue to follow the existing procedure relating to overseas vaccinations. That is, they should follow the [guidance from Public Health England](#) (see page 15 and table at Appendix 1) that summarises the status of a variety of vaccines available in the UK and overseas, including clinical guidance on whether an individual needs further doses in England and, if so, which type of vaccine is recommended to complete the course.

## **3. COVID-19 Vaccination Roving and Mobile SOP update**

The COVID-19 vaccination roving and mobile SOP has been updated for Phase 3 in line with recent guidance issued by the Joint Committee on Vaccination

and Immunisation (JCVI). It is available here: [Coronavirus » Standard Operating Procedure: Roving and mobile models \(england.nhs.uk\)](#).

Roving and mobile models enable the administration of COVID-19 vaccines at identified locations outside of designated vaccination 'base' sites – vaccination centres, hospital hubs, PCN-and community pharmacy-led sites.

This standard operating procedure (SOP) describes how to operate roving and mobile vaccination models, and provides guidance on the safe handling and movement of vaccines outside of designated vaccination 'base' sites.

Please read this SOP carefully. Changes have been highlighted in yellow.

#### **4. Your Grab a Jab data is now available on FuturesNHS**

Please note that your Grab a Jab regional data is now being uploaded several times per week to your regional folder in the RVOC hub on FutureNHS at this [link](#)

If you don't yet have access to the RVOC hub or your regional folder, please let us know via email at [england.vaccinecentresgroupsupport@nhs.net](mailto:england.vaccinecentresgroupsupport@nhs.net) and we will add you immediately. In the meantime, the spreadsheet will be attached to the cascade.

#### **5. Workforce capacity support to enable workforce delivery in phase three - extension of funding support covering the costs of staff deployed from lead employers**

We wrote to local vaccination services on [10 June with an offer of support for local vaccination services](#) and, specifically, a timebound recharge suspension for the costs of staff deployed from lead employers. This has been extended twice, initially until 31st August 2021 and then until the 30th September 2022, where the offer was extended to the detained estate providers.

At the end of September 2021 there remains funding available in some systems, we are therefore going to extend the current offer for local vaccination services until the 31st January 2022 or until the integrated care system funding bracket is exhausted, whichever happens first.

This funding is to provide additional resource through the provision of additional workforce at no charge, supplied through the [lead employer](#) to local vaccination services and detained estate. Staffing already routinely provided to LVC and detained estate will continue to be recharged.

During the period, lead employers should continue to support local vaccination services with their workforce requirements. Salary costs should be incurred by the lead employer and reclaimed via the normal processes, but they are not

required to invoice out to reclaim the additional salary charges from local vaccination services or detained estate providers. The weekly workforce return is to be completed on Foundry to indicate the FTE being transferred to different pillars from the lead employer. A separate monthly finance return is to be completed by Lead Employers to quantify the value of resources provided to whom, under the scheme, this process will be managed through the regional finance leads.

### Supporting information

To help local vaccination services benefit from this offer, the LVS [National Workforce Support Offer Toolkit](#) includes the types of staffing available and how adopting the national protocol can optimise the use of the extended unregistered workforce who can vaccinate.

- The [lead employer](#) list has more details about the available local lead employers. They are the local workforce hub and provide access to both clinical and non-clinical staff and can support in workforce planning.
- Access the Futures pages: [LVS Workforce](#) and the recently published NHS guidance for [PCN groupings](#) and [community pharmacies](#); and [FAQs](#).
- Email the national workforce team: [PCNCNP.workforceescalation@nhs.net](mailto:PCNCNP.workforceescalation@nhs.net) if you have any questions

## **6. UPDATED: Managing challenging behaviours pack for site managers**

This [guide](#) is for site managers in COVID-19 vaccination settings. It reinforces safety and security messages available in existing guidance and standard operating procedures. The guide has been updated to include SAIS teams along with two new sections covering incident reporting and process for requesting additional support. The 2.1 version has been updated to include additional links to useful resources/guidance in the appendix.

Site managers are responsible for the safety, security and wellbeing of all staff and volunteers at the site. They are encouraged to display information on safety and security in volunteer and staff areas, and to use the content in this pack to reinforce key messages.

## **7. NOW AVAILABLE: COVID-19 SJA Operational Guidance (Phase 3)**

For Phase 3 St John Ambulance (SJA) volunteers will continue to support the delivery for both flu and Covid-19 vaccinations to adults only. To support sites and the SJA best manage requests for demand, the programme have collated a list of [key principles for referrers](#) to commit to whilst submitting and managing

requests. This includes articulating what SJA volunteers can do; what are the modes of delivery; and how and when are referrals to be submitted.

## **8. UDPATED: Workforce and training considerations to support School Aged Immunisation Services (SAIS) with delivery of COVID-19 vaccinations to 12-15-year olds in educational settings**

The follow updates have been made to this pack - please see the latest version [here](#).

- Minimum DBS requirements changed to “Enhanced DBS clearance with child barred list only (excluding adults)”
- Clinical oversight – minimum standard is a doctor, nurse or pharmacist when National Protocol is followed; Band 8a requirement removed to allow more flexibility
- Minor updates to training specification for diluting and drawing-up COVID-19 vaccines
- Added link to GOSH e-learning module for managing paediatric anxiety during vaccination

## **9. REMINDER: How to access DBS fast-track process temporary arrangements**

In response to COVID-19, the Home Office and the Disclosure and Barring Service (DBS) have put temporary arrangements in place to provide standard and enhanced DBS checks and fast-track emergency checks of the adults' and children's Barred Lists, free-of-charge. This Guidance around free-of-charge applications and the fast-track Barred List check service in respond to COVID-19 can be found here: [COVID-19: Free-of-charge DBS applications and fast-track Barred List check service - GOV.UK \(www.gov.uk\)](#)

## **10. Moderna Half-dose Booster Training**

The [Moderna vaccine-specific e-learning module](#) was updated on 23rd September to reflect the half dose booster recommendation.

Staff who have previously completed the module:

- Do not need to recomplete the module, but should read the updated [Green Book chapter 14a](#) and updated [Moderna PGD/Protocol](#) prior to vaccinating with boosters (to ensure awareness and understanding of half dose recommendation to be able to respond to any patient queries)

Staff who have not previously completed the module, and are due to deliver the Moderna booster vaccine, should:

- Complete the updated module and assessment (~30mins) and read the updated [Green Book chapter 14a](#) and the [Moderna PGD/Protocol](#)
- Be assessed and sign-off for competent is using the Moderna vaccine (RHCPs may complete a self-assessment)

Staff who are already trained and competent in drawing-up vaccines will only require:

- A brief update for drawing-up a half dose of Moderna (e.g. observation and a few supervised practices)
- Competency sign-off (RHCPs may complete a self-assessment)

Staff who are not already trained to draw-up vaccines, and who are due to undertake this task, will need to:

- Complete training in drawing-up vaccines using aseptic non-touch technique, as set out in the [training specification](#)
- Be assessed for competency in drawing-up a half dose of Moderna

## **11. Frontline NHS Volunteers can now self-refer for Boosters at Vaccination Centres**

Please note that frontline, patient-facing volunteers are now eligible for a booster vaccination as they are classed as 'frontline healthcare workers'. This means they can self-declare and present themselves at vaccination centres, alongside other frontline healthcare workers.

Below are more details and further information about how this verification process will work.

### ***Frontline NHS Volunteers can now self-refer for their booster vaccinations***

All frontline, patient-facing volunteers are eligible for a booster vaccination as they are classed as 'Frontline healthcare workers' in the [Green Book](#) (ref page 16)

Frontline healthcare workers (which includes frontline volunteers) now have the option to book their booster vaccination through the National Booking Service or by ringing 119. This booking route requires all frontline healthcare workers to self-declare that they are eligible and provide evidence of employment as a healthcare worker on arrival at the vaccination site. As part of this group, frontline volunteers will need to provide evidence they are a patient-facing volunteer.

Frontline volunteers include those working in vaccination centres, local vaccination sites and hospitals and other health services where they are dealing

face-to-face with members of the public. Please refer to the Green Book (ref page 16) for more details. This can include working as a steward or within patient transport and includes all locally sourced NHS-based volunteers; NHS Volunteer Responders, or volunteers from voluntary sector organisations such as St John Ambulance; British Red Cross; Age UK etc.

They will only be vaccinated if this official proof is presented. These ID requirements also apply to individuals who are vaccinated via a local booking service or a walk-in clinic.

Booster vaccinations can be administered no earlier than 182 days after completion of the primary vaccine course.

National Booking Service and self-declaring at a vaccination site – more details

As part of the National Booking Service process, these volunteers will need to book a booster under the 'healthcare worker' tab no earlier than 182 days after completion of their second vaccination and self-declare that they are a 'frontline healthcare worker'.

They will also need to declare verbally when checking in at the vaccination site that:

- they are a patient-facing Volunteer and are therefore classified as a 'frontline healthcare worker', as identified by the [Green Book](#);
- the type of role/work they do; and
- the name of their employer/vaccination site.

They will also be asked to provide proof that they are a patient-facing volunteer currently working in vaccination centre or site or hospital or care home using one of the following - they will only be vaccinated if this official proof is presented:

- A letter demonstrating that they are working as patient-facing volunteer, such as a letter from their workplace/organisation; or
- A volunteer workplace or voluntary organisation photo ID (if available); or
- If they are a NHS RVS GoodSAM Volunteer, show both their GoodSAM ID and evidence of a shift booked. In terms of ID, the app profile tab doesn't show your roles and the site staff can ask the volunteer to show their booked Steward shift in the app alongside their Profile ID. Only Steward volunteers are able to book shifts, so this provides an additional cross-check.

More details: [Booster Information for NHS Volunteers \(Oct 2021\) - COVID-19 Vaccination Programme - FutureNHS Collaboration Platform](#)

## **12. LVS deployment in community settings: Phases 1, 2 and 3 including vaccination of eligible children and young people**

The LVS SOP for the COVID-19 vaccination programme has been extensively updated and is available [here](#), including updates relating to Phase 3, and the vaccination of eligible children and young people. It is relevant to PCN-led vaccination sites and community pharmacy-led vaccination sites participating in phases 1, 2 and / or 3 of the vaccination programme. Updates are highlighted in yellow in the document. Please ensure your team are aware of the updated sections.

Please note that an updated Patient Group Direction for Spikevax (formerly COVID-19 Vaccine Moderna) [is now available here](#), alongside the [updated National Protocol here](#).

## **13. Guidance for vaccinating individuals aged 16 to 17.75 years and update to support access for those who are eligible for a second vaccination dose.**

On 24<sup>th</sup> September, NHS Digital revised the National Booking System functionality enabling 16 and 17.75 year olds to book their first vaccination dose only in line with the JCVI guidance published on 4<sup>th</sup> August.

For individuals who are aged 16 to 17.75 years who are eligible for a second dose, the updated NBS website provides guidance on how to access their second dose, which will be primarily via walk-in sites. <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/book-or-manage-a-1st-or-2nd-dose-of-the-coronavirus-covid-19-vaccination/>

The web page directs these individuals as follows:

<b>Eligible groups</b>	<b>How to get a 2nd dose</b>
People with an underlying condition that means they're at high risk from COVID-19	You'll be sent a letter reminding you to have your 2nd dose around 8 weeks after your 1st dose. You can take this letter to any <a href="#">walk-in vaccination site</a> from 8 weeks after the day you have your 1st dose. If you do not receive this letter but you think you're eligible, please contact your GP surgery.
Frontline health and social care workers	You can go to any <a href="#">walk-in vaccination site</a> from 8 weeks after the day you have your

	1st dose. Please bring proof of your employment such as workplace photo ID, a letter or a payslip from your employer within the last 3 months.
People living with someone who is immunosuppressed	Please contact your GP surgery.

Prior to the 24<sup>th</sup> September, some individuals aged 16 – 17.75 who have received their first dose may have booked a second dose via the NBS. These individuals will receive communications reminding them of the eligibility criteria and to cancel if the appointment is not needed. In addition, 2<sup>nd</sup> dose prompts are sent to individuals aged 16 to 17.75 years who are eligible for a second dose, highlighting that they should not use the NBS and signposting them to other channels. Sites should have local processes in place to confirm eligibility prior to vaccinating to ensure that eligible individuals are not turned away.

## FOR IMMEDIATE ACTIONS

Sites are required to have processes in place to confirm eligibility prior to providing a second dose to 16-17.75 year olds.

As outlined in the following, there will be different proofs of eligibility for individuals, and sites are required to ensure the following:

- **For individuals with underlying health conditions that mean that they are at high risk from COVID-19 or those who are a household contact to someone who is immunosuppressed**, please check that individuals have a reminder invitation letter, text or email from the NHS directing them to have a second dose or an invite letter/text from their GP practice to provide proof of eligibility.
- **Frontline Health and Social Care Workers (HSCWs)** are asked to provide as proof of employment with one of the following:
  - a workplace photo ID,
  - a recent letter from their employer (last 3 months), or
  - a recent payslip which shows their employer (last 3 months).
 Please see for further guidance our [ops note from 24 September 2021](#).

**For individuals with pre-existing 2<sup>nd</sup> dose NBS bookings**, but who do not have the evidence listed above, sites should have processes in place to confirm eligibility, for example via a conversation with a registered healthcare professional.

#### **14. Refreshed SOP for Social Care Workers (SCW) updated to include guidance for Phase 3 booster delivery**

Please find attached the **Refreshed SOP: Frontline social care workers**

This replaces SOP published on 14<sup>th</sup> January 2021 and includes supplementary guidance for phase 3 which can be found on pages 5-17. Please note changes made since the SOP was first published are highlighted in yellow.

The publications can also be found at [Coronavirus » Vaccinating frontline social care workers \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/vaccinating-frontline-social-care-workers/)

#### **15. Closure of the national Shielded Patient List for England**

Following the [government announcement](#) last month regarding the end of national shielding in England, the [Shielded Patient List](#) (SPL) for England is now closed to changes to patient risk status. This means:

- any changes to local patient risk status will no longer be captured in the national SPL, or shared with other health and care system partners
- the high-risk flag should no longer be used or relied upon to assess a patient's current risk from COVID-19 by GPs or in practice management and reporting

Information contained in the SPL was last updated at the end of September 2021. We will undertake a managed closure of the SPL over the coming months and will share information on what this means to primary care when available.