



COVID-19 VACCINATION

*Enjoy life.
Protect yourself*

COVID-19 frequently asked questions and answers

1. Questions about the vaccine

Will being vaccinated mean you need to self-isolate?

No. You cannot catch COVID-19 from the vaccine. But it is possible to have caught COVID-19 and not realise you have the symptoms until after your vaccination appointment.

Please continue to have the regular screening tests that your employer arranges. If you have any of the symptoms of COVID-19, stay at home and arrange to have a test.

Can you still infect others once you have been vaccinated?

Yes, you can still carry the virus on your body and clothes if you come into contact with it. You will still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes.

To continue to protect yourself, your residents, your family, friends and colleagues you should follow the general advice at work, at home and when you are out and about:

- practise social distancing
- wear a face mask
- wash your hands carefully and frequently
- follow the current guidance

Can you take more than one type of vaccine?

The Pfizer/BioNTech vaccine is being rolled out as fast as possible by the NHS across the UK. If authorised, the AstraZeneca/Oxford vaccine and other candidates will be deployed alongside the Pfizer/BioNTech vaccine to increase the pace and volume of the UK programme. There are no current plans to mix these vaccines.

The Government's Vaccine Taskforce keeps its approach under review, ensuring the UK is in the strongest position to protect people. The science is uncertain about how mixing vaccines could produce a better immune response, so trials and testing will continue to assess and test vaccine responses

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What are the details of how the vaccine has been tested so far? / Has testing shown any difference for a certain age group?

All of the vaccines will be tested on between 15,000 to 50,000 people across the world. They are tested on both men and women, on people from different ethnic backgrounds, and of all ages between 18-84.

The studies have also looked as to whether the vaccines work on people with certain medical conditions and in older people, as their immune responses can work less effectively and therefore give them less protection through vaccines.

The Pfizer/BioNTech vaccine has been shown to be safe and effective for all adults. However, some people will need to read the guidance carefully and may be recommended not to take the vaccine, such as women who are pregnant or breastfeeding, or those who have a history of reacting badly to vaccines.

Studies will continue to look at how best to use the different vaccines, for example, which is most effective in individuals and what sized dose is most effective. A number of vaccines remain in development.

Research and vaccine development will not end with the first approved vaccine - there will be a process of continuous improvement.

Are there any contraindications: how does the vaccine react to any existing health condition or medication?

The trials have involved people with chronic underlying conditions deliberately, and they have involved people from very broad age ranges and quite a lot of people in the elderly bracket. The JCVI have looked at this, there's no indication that there should be any difficulty in giving it to people with chronic underlying conditions.

However, as is common with new vaccines the MHRA has advised on a precautionary basis that people with a significant history of allergic reactions do not receive this vaccination. These vaccines have not yet been tested in pregnant women and so we are taking a highly precautionary approach. Women should not be vaccinated if they may be pregnant or are planning a pregnancy within three months of the first dose.

Data is anticipated which will inform discussions on vaccination in pregnancy. JCVI will review these as soon as they become available.

When will the updated list of vaccination centres be available from gov.uk?

From December, more than 70 hospitals began delivering the vaccine across the UK. Details on the first 50 hospital hubs in the first wave of the vaccination programme can be found here:

<https://www.england.nhs.uk/2020/12/hospitals-to-start-biggest-ever-nhs-vaccination-programme-this-week/>

More vaccination facilities are coming online all the time. At the moment vaccinations for care home workers are being offered and arranged directly with employers at a local level.

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How will private hospitals be treated – will their residents and staff be vaccinated alongside NHS Hospitals and Care Homes in the first wave of vaccinations?

We are following the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) to prioritise care workers and as such we are initially encouraging care workers in CQC registered settings to receive a vaccine but will quickly move on to other priority recipients.

Getting the Pfizer-BioNTech vaccine to care home residents is challenging because of the requirements for transporting it and the temperature at which it is stored. So our focus, initially, is on vaccinating care home workers and the over 80s initially in 70 Hospital Hubs across the UK. We are working hard to bring a vaccine to those who need it, and over the coming weeks, more Hospital Hubs and other vaccination locations will be operational.

We are working hard to bring a vaccine to those who need it. We are working with the NHS on how we may be able to vaccinate care home residents with the Pfizer-bioNTech vaccine at their care home but given the practical challenges we cannot set out the details for this yet. Staff of private hospitals will also be invited for NHS vaccination in time.

Is the plan for nursing homes to do vaccinations themselves AND changing regs so residential homes would?

No, vaccinations will be carried out by the appointed NHS services.

How was the vaccine delivered so much quicker than expected? Who/what has been involved in the development and distribution of the vaccine?

- Public safety has been and continues to be the Government's top priority.
- No vaccine would be authorised for supply in the UK unless it meets high standards of safety, quality and effectiveness. • The independent medicines regulator, the MHRA's renowned teams of scientists and clinicians advised that the Pfizer/BioNTech vaccine has passed their strict quality, safety, and effectiveness tests and can be given to people in the UK. The MHRA is recognised across the world for its high standards and professionalism.

For more information about the COVID vaccine visit <https://www.nhs.uk/covidvaccine>

2. Questions regarding staff and residents

Who will be responsible for administering the vaccine in our services (Learning Disabled)? We do not typically have any nursing staff (unlike elderly care settings). Are GPs being lined up for this and treating our staff and people we support as a priority for early vaccination?

Local NHS services will be delivering the vaccination programme. Whichever service is relevant to your particular facilities will be in touch to discuss how and when this will happen.

What funding will be available to support payment of staff having the vaccine outside of their shift pattern?

The people you care for and your staff are the priority for the vaccine, and we want to work with you to get it to them as rapidly as possible to save lives.

We will be assisting our NHS colleagues by providing them with information on care homes. Recognising that there are many small care homes, we are asking Local Authorities to work with NHS colleagues and local care homes to ensure that we fill up the available vaccination slots, including by assisting providers, where needed, with their transport plans.

We are working hard to bring a vaccine to those who need it. We are working with the NHS on how we may be able to vaccinate care home residents and staff with the Pfizer-bioNTech vaccine at their care home. The ambition is to be able to begin this phase of the programme before Christmas, although for many homes this is likely to run into the New Year.

What advice will employers be given to support answering resident/staff/family queries on if all staff/residents have received the vaccine when some people may refuse?

The Department for Health and Social Care (DHSC), National Health Service England (NHSE) and Public Health England (PHE) have developed a suite of resources about the COVID-19 vaccine including information for patients and social care workers receiving the vaccine.

This information is available to download via the Health Publications website.

While you should encourage all residents and staff to take up the vaccine, using these resources, it is not mandatory for anyone. We would expect all providers to be open and honest in response to queries on this subject.

Why is it that Scotland are offering the Pfizer/BioNTech Covid vaccine from 14th December to care home residents, but England is not?

We are working hard to bring a vaccine to those who need it. We are working with the NHS on how we may be able to vaccinate care home residents and staff with the Pfizer-bioNTech vaccine at their care home. The ambition is to be able to begin this phase of the programme before Christmas, although for many homes this is likely to run into the New Year.

Is there any direction on what action (if any) should be taken if a care staff member refuses to have the vaccine?

Vaccines are the most effective way to prevent infectious diseases. They save millions of lives worldwide. By having the COVID vaccine we expect that health and care staff will be less likely to pass infection to their friends and family and to the vulnerable people that they care for. However, the Covid-19 vaccine will not be compulsory. The UK operates a system of informed consent for vaccinations.

With or without a vaccine, we all have a vital role to play in protecting our own health and likewise the health of those around us.

So, you will still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes.

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To continue to protect yourself, your residents, your family, friends and colleagues you should follow the general advice at work, at home and when you are out and about:

- practise social distancing
- wear a face mask
- wash your hands carefully and frequently
- follow the current guidance

If 2 doses are needed will you need to obtain consent twice?

No. Consent form is for both.

At what point is the home clear after vaccination e.g. is it job, booster then two week wait until effective?

The Pfizer vaccine is two doses and the MHRA have said those doses need to be given 21 days apart. Full protection should begin 7-10 days after the second injection.

The full impact of vaccination on infection and transmission of the virus will not become clear until a large number of people have been vaccinated.

So, you will still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes.

To continue to protect yourself, your residents, your family, friends and colleagues you should follow the general advice at work, at home and when you are out and about:

- practise social distancing
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Will you be given proof of having the vaccine to show an employer for example?

We are asking care providers to keep staff records of vaccinations and report this back through the Capacity Tracker – as they do for flu vaccinations.

When patients are vaccinated, they are likely to receive a vaccine record card that notes the date of their vaccination, the suggested date for their second dose and details of the vaccine type and batch.

This is a vaccine record card, similar to those given to patients for other NHS vaccinations as a note of when they received their vaccine. You can share this with your employer if you would like to, to show you have had the vaccine.

It is not intended to be used for any other purpose, or as an immunity certificate.

All vaccinations are recorded on the patient's record with their GP.

Issue around staff ID, which had been raised when discussing access to the flu vaccination.

The Minister for Social Care has written to care providers asking them to be ready to provide each staff member with a letter confirming their employment in the care sector.

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Our nearest vaccine centre is over 20 miles away and many of our care home staff do not have their own cars which means that they either need to car-share or use public transport, neither of which is a great option. It is likely to mean a half-day trip for each person which will play havoc with rotas at what is already a difficult time. The Government really needs to find ways to distribute this vaccine more locally.

The people you care for and your staff are the priority for the vaccine, and we want to work with you to get it to them as rapidly as possible to save lives.

At the moment vaccinations for care home workers are being offered and arranged directly with employers at a local level.

The three models of delivery are:

- Hospital Hubs - NHS providers vaccinating staff onsite. From December, more than 70 hospitals began delivering the vaccine across the UK.
- Local Vaccination Services – Community and primary care-led service based on local and logistical considerations but is likely to include GP practices, local authority sourced buildings or other local facilities, and potentially roving teams if vaccines are transportable in this way.
- Vaccination Centres - Large scale centres such as sports and conference venues set up for high volumes of people.

At the time of writing, the hospital hub model of delivery is currently active and hundreds of local vaccination services run by family doctors and their teams will open across England this week. Practices in more than 100 areas of the country will start vaccinations this week. We are working hard to bring other models online as soon as possible.

We will be assisting our NHS colleagues by providing them with information on care homes. Recognising that there are many small care homes, we are asking Local Authorities to work with NHS colleagues and local care homes to ensure that we fill up the available vaccination slots, including by assisting providers, where needed, with their transport plans.

We are working hard to bring a vaccine to those who need it. We are working with the NHS on how we may be able to vaccinate care home residents and staff with the Pfizer-bioNTech vaccine at their care home. The ambition is to be able to begin this phase of the programme before Christmas, although for many homes this is likely to run into the New Year.

Are there any resources for adults with a learning disability and getting the Covid vaccine?

Information and resources will be made available to order and download from the Health Publications website in Braille, BSL video, Large print, simple text, and Easy read versions.

3. Questions regarding the vaccine's interaction with Covid-19 testing

What will the interaction be between testing and vaccination (presumably testing continues, but will a vaccine lead to a false-positive test?) NHSE lines?

Testing will continue as normal until further notice. Vaccinations should not register in testing because they do not use a live virus.

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Once Residents / Staff have had two doses of a vaccine, do they still need to be tested regularly?

Yes. Testing will continue as normal until further notice.

4. Questions regarding guidance/communication/messaging**Is there a national guidance to CCGs on CV19 Vaccines? Guidance to health care workers and from NHSE.**

Yes. Extensive guidance has been and will continue to be provided to all organisations who need it.

5. Questions on human rights, best interest decisions etc**How do you propose to deal with consent for residents when the person lacks capacity?**

Everyone who receives a vaccine will be required to have completed a consent form.

We have worked on a standardised consent form for you to use, as you will need to gain consent to vaccinate as and when we get it to care homes. This form is available to download from the Health Publications website, please use it to gain consent.

Some people who will be offered the vaccine may lack mental capacity to make decisions about vaccination. This will include some (but not all) people with dementia, learning disabled and autistic people, people with mental health difficulties and people with acquired brain injury. These people, if they are aged 16 or over, are protected by the empowering, decision-making framework set out under the Mental Capacity Act 2005 (MCA).

These legal requirements will be familiar to everyone involved in the care and treatment of these people, as they will be used to considering them for other, similar decisions, including a decision to test a person for COVID-19, or administer the flu vaccine to help protect them from illness over the winter. The principles of best interests decision making under the MCA are the same for the COVID-19 vaccination.

Health care professionals offering the vaccine to someone who may lack the mental capacity to consent should take all practicable steps to support the person to make the decision for themselves.

Where it has been established that the person lacks capacity to consent, a best interests decision should be taken in line with best interest checklist in section 4 of the MCA. This means that the decision-maker must consider all the relevant circumstances, including the person's wishes, beliefs and values, the views of their family where appropriate and what the person would have wanted if they had the capacity to make the decision themselves.

The decision maker should make a record of their best interests decision. Best interests decisions must always be made on an individual basis.

Care home staff or other types of carers should plan in advance to ensure that the health care professional administering the vaccine has the information they need to make an appropriate best interests decision about consent, at the right time.

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Where appropriate, the person's advocate or those with power of attorney for Health and Welfare should be consulted. 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.

If best interests meetings are required, would they need to be done individually or in some kind of group process?

Best interests decisions must always be made on an individual basis. A best interests decision should be taken in line with best interest checklist in section 4 of the Mental Capacity Act 2005. This means that the decision-maker must consider all the relevant circumstances, including the person's wishes, beliefs and values, the views of their family where appropriate and what the person would have wanted if they had the capacity to make the decision themselves.

CQC

What role will CQC have in terms of any monitoring of vaccine take up in care services?

As the vaccine continues to be rolled out across the UK we are asking care providers to keep staff records of vaccinations and report this back through the Capacity Tracker – as they do for flu vaccinations.