

other vaccination programmes. It is therefore critical that the products are handled correctly in accordance with the detailed SOPs on the Specialist Pharmacy Service's [website](#). Providers should initially contact the Lead Responsible CCG Chief Pharmacist, who will then contact the relevant Specialist Pharmacy Services [Regional Quality Assurance Specialist](#) or Regional Chief Pharmacist for additional guidance and support.

2.2 Workforce

Providers should consider short-term capacity implications associated with releasing staff to undertake COVID-vaccination specific training and the period of time over which staff will need to be trained. PHE has developed training resources and eLearning for staff, which can be found on the [GOV.uk website](#).

Providers are responsible for ensuring that any staff involved in vaccinations are appropriately trained and the appropriate documentation is place for indemnity purposes i.e. honorary contract/staff sharing arrangement.

We've provided some further advice on workforce planning in [Appendix A](#).

2.3 Site preparation

All providers administering vaccinations should have been designated in line with the relevant Site Designation Process which includes site requirements (available online for [GP practice](#) and [community pharmacy](#) led-sites).

Access

Providers should ensure that their local vaccination services are accessible to all members of their community and take reasonable steps to improve access and reduce potential inequalities for people eligible to access vaccinations.

This includes having access to translation and interpretation services as required to support consent, mental capacity and clinical assessments. It may be helpful to have supporting literature available in a range of languages and easy read formats appropriate to the population being served. Contact your commissioner for information about local translation and interpretation services.

General-practice providers should note that for COVID-19 vaccination, the Enhanced Service permits the vaccination of unregistered patients to ensure these patients are able to access local vaccination services, and to ensure their unregistered status is not a barrier to them accessing local vaccination services. Patients should be encouraged to register with a general practice.

More information about other potential health inequalities and inclusion groups can be found in [Appendix B](#).

COVID-secure, social distancing and patient flow

Please refer to the [Health and Safety Executive guidance on making your workplace COVID-secure](#), [government guidance on working safely during coronavirus \(COVID-19\)](#), guidance on [social distancing](#) and guidance on wearing of [face coverings](#).

The following advice may also be helpful where vaccinating on-site:

- Use clear signage to direct patients to the appropriate site/space on arrival.
- Ensure alcohol gel/handwashing facilities are readily available for patients and staff, including at site entrances.
- Where possible, configure sites to support linear patient flows and have separate entrances and exits. This will be particularly helpful for enabling higher flow rates.
- De-clutter communal spaces and clinical rooms to assist decontamination.
- Communal areas should allow for physical distancing between patients; consider the use of floor markings, seating arrangements, signage and queue marshalling to support this. This should apply for patients at all stages of the operating model.
- Ensure rooms or suitably private spaces are available to complete consent/capability and clinical assessments and vaccine delivery to enable patient confidentiality and privacy.
- Ensure there is sufficient fridge capacity for vaccines, that the area is secure and there is an area suitable for vaccine preparation.
- Ensure there is sufficient secure storage space for the vaccine consumables and waste generated by the local vaccination service.

- Consider measures such as asking patients to wait in private vehicles or designated external waiting areas, where possible, to reduce numbers in communal spaces during busy periods.
- Staff should wear the appropriate PPE, and pay attention to social distancing with each other

Providers vaccinating in care home settings and patients' own homes should put in place procedures appropriate to those settings, including considering how to limit the number of different workforce attending these sites to minimise any risk of transmission of COVID-19.

Site security

Providers must follow any usual requirements set out by [Care Quality Commission \(CQC\)](#) and other relevant professional regulators, for securing all aspects of the designated sites, and any conditions of Marketing Authorisation for the vaccine.

Providers should liaise with their commissioners, local resilience forums and the police to put into place any reasonable security requirements for the local vaccination services and to ensure the police are aware of the location. You should consider site security (including staff, locks and alarms) if storing vaccine overnight, particularly in non-NHS sites. Providers should raise any issues or incidents with their commissioner and Regional Vaccination Operations Centre (RVOC); more information can be found [on our website](#).

IT equipment and systems

Prior to starting vaccination, providers should have tested I.T. equipment and ensure relevant staff have received training and can access from the site the different clinical and non-clinical systems relevant to COVID-19 vaccination. These include:

- National Booking System (not applicable to GP practice providers who will utilise local collaborative booking systems for designated sites).
- Pinnacle Point of Care System for recording the vaccination event.
- NHS Business Services Authority Manage Your Service tool to support the payment of the Item of Service COVID-19 vaccination fee to providers.
- Any reporting systems as directed by the commissioner for site readiness assessment and vaccine re-ordering.

Providers will be given access to the relevant systems and associated training as part of the site onboarding process. All sites, particularly those who will be delivering clinics from new, non-NHS sites, should ensure that they have appropriate broadband connectivity. Non-NHS sites will be supplied with a 4G/router as standard.

IT services helpdesk vaccineservicedesk@england.nhs.uk /

I&S

2.4 First aid & resuscitation preparation

Providers should reasonably anticipate three medical emergencies associated with vaccination: Fainting, Hyperventilation, and Anaphylaxis.

All designated sites should at a minimum include a registered healthcare professional trained within the previous 18 months in the management of anaphylaxis, cardiopulmonary resuscitation, and use of an automated external defibrillator. PHE has included resuscitation training within the COVID-19 vaccination programme training resources, which can be found on the [GOV.uk website](#).

All designated sites will be provided with resuscitation equipment and medications via the Supply Inventory List; [see section 3.2](#). Some sites may wish to have additional [equipment](#) or [medicine](#) as recommended by The Resuscitation Council UK, due to local circumstances, and can complete a local resuscitation risk assessment to consider as a minimum the following:

- Location (Remoteness)
- workforce (including the consistent presence of healthcare professionals with advanced skills in resuscitation)
- Volumes of patients presenting (quantities of equipment and workforce requirements)
- Quantities of equipment / medicines held

Access to an Automated External defibrillation is not required for roving vaccinators. Access to the [anaphylaxis algorithm chart](#) and the [resuscitation of adult COVID-19 patients primary care setting infographic](#) may be helpful.