Royal College of General Practitioners

Delivering Mass Vaccinations during COVID 19

Standard Operating Procedures

Version 1.1

September 2020

Introduction

This document is an exemplar document produced at a time where there is to be an enhanced influenza vaccination campaign and vaccination programmes and systems are being created for the delivery of COVID-19 Vaccines.

The document is customisable to suit a variety of service providers from individual practices to large at scale providers covering multiple locations and services. The host organisation should make their own decisions and risk assessments and if they wish to use this document to assist them in documenting and establishing process then attention should be paid to text in red

There remains significant uncertainty about the delivery and characteristics of the COVID-19 vaccines and it is likely that advice will change overtime. Probably more than once. Text shown in purple indicates an area of uncertainty or likely change which will need to be addressed as COVID-19 vaccine services go live and evolve.

Acknowledgements

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Contents

Scope

This document aims to complement the RCGP Guide to Delivering Mass Vaccinations during COVID-19. It aims to cover the practicalities of delivering both influenza and COVID-19 Vaccines as these are currently understood and anticipated. Where these are poorly understood and may need risk assessments to be made or may be subject to change these will be indicated (Purple). It aims to cover a variety of locations where GPs may be asked to deliver / support delivery of vaccination and should be read alongside national guidance.

- GP surgery
- GP At scale
- Above GP at Scale
- Home delivery

It does not describe mass immunisation as part of an emergency response for the purpose of outbreak control where risk assessments may be different.

Governance

A lead service delivery organisation will be identified and the governance policies of that organisation followed (LOCAL REF)

The service will be led under the direction of the Service Medical Director/ Lead Partner or their designated deputy.

A governance sub-group will be established for large or extended services and will have membership from all relevant parties and will report to the Governance structure of the lead service delivery organisation.

Services in England CQC registration will be addressed to reflect current guidance https://www.cqc.org.uk/guidance-providers/registration/registration-flu-vaccination-arrangements

Information Governance this will follow the governance processes of the lead service delivery organisation and will reflect the COPI notice regulations https://www.nhsx.nhs.uk/covid-19-response/data-and-information-governance/information-governance/copi-notice-frequently-asked-questions/

Accessing the Target Population

The Service Lead will establish the target population for vaccination to establish capacity and service requirements.

These should include but not be limited to

- Size of Target population
- Demographic features of Target population (age, sex, ethnicity, cultural issues)
- Single Practice list, Combined Practice lists, geographical area, specific location (care home)
- Special requirements or features of the target population (Occupational health, reduced mental capacity, shielding, detained)
- Access issues for population

The delivery team will use this assessment as part of their planning and overall risk assessment process and to determine the local accessibility requirements.

Vaccine properties and requirements

The service will understand the properties of the vaccine, storage and cold chain requirements and follow safe procedures for the transportation and delivery of the vaccine to the point of administration.

The properties and requirements are known for the influenza vaccines

The properties for COVID Vaccines are less clearly understood and are subject to change as we learn more about their properties.

Currently influenza vaccination and COVID Vaccination should be delivered 4 weeks apart.

COVID Vaccination will require two doses of the same vaccine type to be administered four weeks apart to achieve maximal

The service will develop capacity for the cold chain transportation of vaccine from the place of storage within the service to the point of vaccination where these are not co-located e.g. domiciliary or off-site vaccination. (See Appendix Five).

Vaccine can be drawn up from the multi dose vials and the vial replaced within cold chain immediately. Drawn up vaccine should not be placed in the cold chain system for future use.

The service will not use more than one vaccine type during any given session of vaccination, to minimise risk of inappropriate vaccine being used and facilitate recording. E.g. No combined flu and COVID vaccination clinics and only one type of COVID vaccination to be used per session.

Staffing and Training

The complexity of the staffing arrangements required will depend upon the scale of the service being provided, but certain key roles must be identified and covered. In small units such as a practice these roles may be performed by the same individual(s).

Role	Individual Name	Responsibility
Service Manager		Takes overall responsibility for the safe and effective delivery of services
Clinical/Governance Lead		Assures on the safe delivery of vaccination in line with current best practice and guidance.
Service Delivery Lead		Provides day to day management and service delivery including training and wellbeing of staff and patients.
Vaccination Team Lead		Ensures implementation of training, infection control and effective clinical practice within the service
Administration Team Lead		Ensures appropriate recording of patients attending and the vaccinations that they receive is in place and is occurring in a timely manner

In large services it may be appropriate to have separate leads for pharmacy, health and safety, Human resources / staff welfare, IT and communications

All clinical staff must have training in recognition and management of anaphylaxis and CPR with defibrillation as modified for primary care during COVID.[(1)]

All staff will receive training in their role appropriate to the location in which the service(s) is being delivered.

The training records of individuals must be retained by the provider organisation as these form part of the overall service safety assessment process.

All staff will receive a COVID-19 personalised risk assessment using a recognised tool and any appropriate adjustments to their role or clinical activity made accordingly.

All staff will know how to request further a personal risk assessment should their risk factors alter with time

Delivery model

This currently describes the model that practices may use for influenza vaccine and is designed to maximise the utilisation of the service using staff with a range of skills. A similar process map can be expected for COVID-19 although the details will be liable to change

In small services some of the roles may be combined e.g. Medical assessment and Vaccination

Some of the roles can be delivered by trained administrators where this improves efficiency

Pre vaccination selection and recall

Patients will be selected for vaccination using demographic and clinical data retrieved from GP clinical databases. They will receive an invitation to book an influenza vaccination. Services may wish to use a variety of media to communicate vaccine availability and how to book appointments for vaccination.

This will include telephone, letter, text and website messaging.

Patients will receive or be able to access information about the vaccination being offered and likely side effects to form part of the consenting process. (See Appendix Three)

Booking will be available through a range of media including telephone, website and approved App. For GP delivered services the GP clinical system is likely to be the best place to set up clinics and to facilitate this range of access routes

Vaccination Check in

Patients will be invited to book in on arrival at the service

Patients who are unfamiliar to the vaccination service will be asked to provide proof of identity and invitation to attend for vaccination.

All patients will be encouraged to wear a face mask and if not in possession of a face mask one will be provided.

Those not willing or able to wear a face mask will be directed to the enhanced accessibility pathway within the service or advised of a time when they can attend a session where enhanced accessibility is offered

Patients with additional access needs will be identified at this point and offered the opportunity to use the enhanced accessibility pathway.

Patients attending without appointment will only be seen if they meet vaccination criteria and there is capacity to accept them without compromising social distancing or vaccine supply

Consent and Medical Assessment

All patients will have received or been directed to the vaccination leaflet Appendix Three prior to attending.

Copies of this leaflet and the specific Patient information leaflet for the vaccine being administered will be available for patients to read should they wish.

The medical assessment will depend upon the vaccine being used. Examples of the questions to be asked are laid out in Appendix Two

Vaccination

The primary vaccination site will be the deltoid muscle.

Other vaccination sites should not be routinely used, where an alternate site is used the reasons for the site selection and how patient privacy was preserved must be recorded.

Vaccination recording

This will be undertaken at the time of vaccination or as soon as practically possible after vaccination.

Where a single vaccine and batch are being used a computer macro can be used to facilitate recording.

Batch recording of vaccinations into clinical systems may be required to achieve social distancing but processes must be in place to ensure that records are correct in all details

Vaccination Record

- Vaccine product name/type
- Batch Number Expiry Date
- Date of vaccination
- Site of Vaccination (right arm/left arm/ elsewhere)
- Location of Vaccine centre
- Service provider identifier

Post Vaccination assessment

Recipients of any vaccine will be observed for immediate adverse drug reactions[2]

The service will encourage patients to stay not longer than five minutes after influenza vaccination and xxx minutes after COVID-19 vaccination where space to permit social distancing allows.

The service will allow patients who have received influenza vaccination to leave directly after vaccination where social distanced surveillance cannot be achieved. This reflects the known low incidence of anaphylaxis following vaccination[3]

All patients will have received advice as to what side effects to expect and how to manage these (See Appendix Four)

Record Keeping

Records must include

- Vaccine product name/type
- Batch Number Expiry Date
- Date of vaccination
- Site of Vaccination (right arm/left arm/ elsewhere)
- Location of Vaccine centre
- Service provider identifier
- Suitability / Consent to vaccination

The service providing the vaccination should be clearly identifiable, but it is recognised that in a process with multiple staff carrying out specific tasks it may not be possible to record each individual taking part at each step of the process i.e. Consenter, Vaccine preparer, Vaccinator, Data recorder and that the lead service provider takes overall responsibility and manages risk through its governance processes including adherence to relevant SOPs for those roles.

The service will record all persons working within the service on any given day and the roles they are undertaking (This may take the form of staff rotas and/or role sign in sheets)

Infection control and prevention

This will follow the infection control policies of the Lead service provider organisation

This will include assessment of the premises and prevailing social distancing requirements[4, 5]

Social distancing will depend upon prevailing guidance, the vaccination location, patient needs and local conditions such as huge queues or adverse weather, it is therefore will be a dynamic process.

Current requirements (Sept 2020)

- Minimum spacing 1metre plus
- Wearing of appropriate face covering (with exemptions allowed)
- Minimum number of accompanying persons (person and carer where required)

Personal Protective Equipment will be issued to staff according to their roles and abilities to maintain safe social distancing within the workplace.

Hand hygiene will between vaccinations will be achieved through a combination of no touch technique, hand cleansing with gel or soap between patients and where this cannot be achieved gloves.

Clinical Waste[6-8]

The management of clinical and non-clinical waste including sharps will follow the policy of the lead service provider organisation.

Key principles

All discarded contaminated sharps which have pharmaceutical vaccine or vaccine residue must be disposed of in Yellow Sharps bins

Personal protective equipment will be considered as infectious waste and should be discarded and transported as such (orange bags)

Safe and secure storage for waste will be identified

Transportation and disposal of waste will be undertaken by licensed contractor(s)

Community and Off-site waste management

The management of waste generated within the community and off-site needs special consideration regarding its safe transportation[6, 7].

The following principals will apply

- Where the vaccination site has appropriate facilities for disposal of clinical waste e.g. Care home waste will be disposed of using these and not transported
- Where small volumes of waste are generated e.g. Patients home these will be disposed of into correctly colour coded receptacles, Yellow sharps bins and orange bags and transported in a separate rigid receptacle that is secure within the vehicle.[6]
- Where large volumes of waste are generated at an off-site facility without disposal facilities arrangements should be made for the storage of the waste in an appropriately secure location until collection by a licensed contractor can be arranged

Equity of Access

The service will follow the equality and diversity policies of the lead service provider organisations

Accessibility

The service will be designed/delivered in such a way that all should be able to access services safely

All people booking to attend will be invited to declare any access needs at booking and registration with the service

If appropriate they will be directed to a vaccination stream / location capable of meeting their needs

Large services with high throughput this will be delivered by having an access meet and greet service discrete from the routine registration

There will be an accessible stream for patients which can cater for those with additional needs and where stricter social distancing can be provided if required may be required.

Attendees who are unwilling/unable to wear a face mask may be directed to the accessible stream as it provides greater social distancing

Features of an accessible stream should include

- Wider social distancing Two metres of separation
- Quieter with Induction loop facilities available
- Ability to attend with carers, who may be vaccinated at the same time if appropriate
- Easy read literature
- Slower throughput
- Additional seating
- Recognition of Hidden disabilities (consider Hidden Disability training and lanyards) https://hiddendisabilitiesstore.com/static_cache/index.html

Where the service is not able to deliver a physically separate stream for those who need enhanced accessibility consideration should be given to having a protected vaccination session time when needs can be met.

Vaccination Time Table		
Day One	Adults over 65 (1metre +)	Adults Over 65 (1 metre +)
Day Two	Adults over 65 (2 metres enhanced accessibility)	Adults Over 65 (1 metre +) followed by enhanced cleaning
Day Three	Adults over 65 (2 metres high risk groups)	Mop up session
Day Four	Adults Under 65 (1 metre+) QoF Groups	Adults Under 65 (1 metre+) QoF Groups followed by enhanced cleaning
Day Five	Adults Under 65 (2 metres high risk groups)	Adults Under 65 (2 metres enhanced accessibility)
Day Six	Children (1 metre +)	Mop up session
Day Seven	(2 metres enhanced accessibility)	Adults under 65 (1metre +) non QoF

Figure 1Example of Clinic Designations

Diversity

Assessment will be made undertaken as to the need for translation of patient facing communications

Assessment will be made as to the need for on- and off-site translation services according to the patient any known demographics of patients being invited for vaccination and their ability to communicate using the service

Resuscitation and managing the unwell patient

The service will be equipped and staffed to enable it to identify and manage medical emergencies relevant to vaccination to a primary care standard of provision. i.e.

- Vasovagal attacks
- Hyperventilation
- Acute Anaphylaxis

Where mass vaccination is being undertaken and large numbers of public are likely to attend over time the service will be able to provide Basic Life Support with defibrillation.

Domiciliary and off-site vaccination services will be able to provide Basic Life Support only

The service will have provision to isolate any unwell patient presenting to the service should they present and be unable to leave.

See Appendix Six Resuscitation Policy and Equipment

Cold Chain and Pharmacy issues

The Cold Chain requirements of influenza vaccines are well known and the product characteristics regarding time spent in temperatures above 8°C are well understood.

The product characteristics of the COVID Vaccines and their able to retain efficacy in temperatures above 8°C are not known and any advice given here is liable to change.

Influenza Vaccine

- All vaccines will be delivered to the patients at room temperature
- No artificial means of warming the vaccines to bring them to room temperature will be used
- No vaccine that has been at room temperature for more than eight hours will not be administered to patients.

COVID Vaccines

- All vaccines will be delivered to the patients at room temperature
- No artificial means of warming the vaccines to bring them to room temperature will be used
- All vaccines will be administered to patients as soon as practical after reaching room temperature.

No vaccines that have been allowed to reach room temperature will be returned to the Cold chain for future administration.

Vaccine preparation and drawing up

Influenza vaccines are supplied in individual pre-loaded syringes and devices that require no preparation or drawing up. These can be administered by a vaccinator without additional training.

COVID Vaccines may require preparation before drawing up from multi-dose vials.

- Persons undertaking the preparation and drawing up will receive training in how to do this
- The training records for these individuals will form part of the safety assurance processes of the vaccine delivery service
- It is not necessary for all vaccinators to be trained in preparation and drawing up and they may receive syringes with vaccines drawn up ready for use from a trained person
- The domiciliary / off-site provision of vaccination will need to consider where is the most appropriate location for preparation and drawing up is and must ensure that those undertaking vaccination in these locations have received appropriate training in these skills

Appendix One References

1. Resucitation Council UK. Resuscitation Council UK statement on COVID-19 for healthcare workers (HCW) in primary and community healthcare settings. In: Resuscitation Council (UK). 2020.^https://www.resus.org.uk/covid-19-resources/statements-covid-19-coronavirus-primary-care-settings

2. Public Health England. Green Book Chapter 4 Immunisations. In: Public Health England. 2013.^https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf

3. Public Health England. Green Book Chapter 8 Vaccine safety and the management of adverse events following immunisation. In: Public Health England. 2020.^https://www.gov.uk/government/publications/vaccine-safety-and-adverse-events-following-immunisation-the-green-book-chapter-8

4. New recommendations for primary and community health care providers in England: Public Health England,; 2020. Available from: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-recommendations-for-primary-and-community-health-care-providers-in-england.

5. COVID-19: Guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations. In: Public Health England. 2020.^https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf

6. Department of Health. Sharps and sharps containers transported in staff vehicles Estates and Facilities Alert. Department of Health,; 2013.^https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213303/Estates-and-facilities-alert-2013-001.pdf

7. Department of Health. Health Technical Memorandum 07-01: Safe management of healthcare waste. Department of Health,; 2013.^https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf

8. Royal College of Nursing. Safe management of healthcare waste. 2007.^https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213303/Estates-and-facilities-alert-2013-001.pdf

Appendix TwoAssessing suitability for Vaccination

This document is based upon common Influenza vaccines other vaccines are available and revision may be required if other vaccines brands are being used to align with the specific Summary of Product Characteristics of the vaccine. Similar documents will need to be prepared as the properties of the COVID-19 Vaccines are understood

Fluad Trivalent Influenza Vaccine (Surface antigen, inactivated) with Adjuvant (Seqirus)

Suitability

Is the patient aged 65 years or older? They are in the right group to receive this vaccine

Determining contra-indications to vaccination

Have they previously had any allergy to egg or chicken ovalbumin? If yes was this sufficient to require admission treatment on an intensive care unit. Only these individuals should be advised against vaccination with the aTIV and an alternative vaccine should be offered

Do they have a known allergy to Kanamycin, neomycin sulphate, formaldehyde, cetyltrimethylammonium bromide (CTAB) or hydrocortisone? All are used in the manufacturing process, if this is known to be an issue for the patient then vaccination should be avoided and GP asked to prescribe a suitable alternative

Has the patient previously received this influenza vaccine without developing an anaphylactoid response? If yes then they are suitable for further vaccination. If they have had a severe reaction then medical advice should be sort as to the suitability and location of any further influenza vaccine

Additional Requirements or counselling

Do they have a known immune-deficiency or are they taking drugs likely to impair their immune response These individuals can be vaccinated but their antibody response to vaccination may be insufficient to provide high levels of immunity from infection. *Patients should receive appropriate counselling to this effect but are not precluded from having vaccination. Household members should be encouraged to take up influenza vaccination.*

Does the patient have a known Latex Allergy? There is a small amount of non-rubber derived latex in the sheath covering the needle *Patients should receive appropriate counselling that this is an unknown but theoretical risk, but are not precluded from having vaccination*

Are they unwell with a fever currently? *If yes, vaccination should be postponed until patient is well and has been without fever for 48 hours.*

Does the patient have a bleeding disorder, low platelets or are currently taking anticoagulant drugs? *If yes, then they should be counselled that they may experience slightly*

more bruising at the site of injection and should be supplied with gauze or cotton wool with which to apply pressure to the site of injection for at least two minutes after vaccination.

Has the patient ever suffered with any fainting, anxiety reactions, needle phobia or hyperventilation before during or after vaccination? *If yes consider placing the patient in the Enhanced accessibility stream for vaccination and make the vaccinators aware*

Quadrivalent Influenza Vaccine (Split virion, inactivated) Sanofi

Suitability

Is the patient between the age of 18 and 64 with a condition in the clinical risk categories? *They are in the right group to receive this vaccine.*

Is the patient aged between 50 and 64 without having any clinical risks? *They are eligible for vaccination with this vaccine in 2020*

Determining contra-indications to vaccination

Have they previously had any allergy to egg or chicken ovalbumin? If yes was this sufficient to require admission treatment on an intensive care unit. Only these individuals should be advised against vaccination with the quadrivalent vaccine and an alternative vaccine should be offered

Do they have a known allergy to neomycin sulphate, formaldehyde, octoxinol-9? All are used in the manufacturing process, if this is known to be an issue for the patient then vaccination should be avoided and GP asked to prescribe a suitable alternative

Has the patient previously received this influenza vaccine without developing an anaphylactoid response? If yes then they are suitable for further vaccination. If they have had a severe reaction, then medical advice should be sort as to the suitability and location of any further influenza vaccine

Additional Requirements or counselling

Do they have a known immune-deficiency or are they taking drugs likely to impair their immune response These individuals can be vaccinated but their antibody response to vaccination may be insufficient to provide high levels of immunity from infection. *Patients should receive appropriate counselling to this effect but are not precluded from having vaccination. Household members should be encouraged to take up influenza vaccination.*

Are they unwell with a fever currently? *If yes, vaccination should be postponed until patient is well and has been without fever for 48 hours.*

Does the patient have a bleeding disorder, low platelets or are currently taking anticoagulant drugs? *If yes, then they should be counselled that they may experience slightly more bruising at the site of injection and should be supplied with gauze or cotton wool with which to apply pressure to the site of injection for at least two minutes after vaccination.*

Has the patient ever suffered with any fainting, anxiety reactions, needle phobia or hyperventilation before during or after vaccination? *If yes consider placing the patient in the Enhanced accessibility stream for vaccination and make the vaccinators aware*

Fluenz Tetra Nasal spray suspension Influenza Vaccine (live attenuated, nasal) Astra Zeneca

Suitability

Is the patient between the age of 2 and 17with a condition in the clinical risk categories? *They are in the right group to receive this vaccine.*

Is the patient between the age of 6 months and 2 with a condition in the clinical risk categories? *They should receive the inactivated quadrivalent injection and consideration be given as to a booster second dose four weeks later, if they have not previously had influenza immunisation*

Is the patient aged between 2 and 12 without having any clinical risks? *They are eligible for vaccination with this vaccine in 2020*

Determining contra-indications to vaccination

Have they previously had any allergy to egg or chicken ovalbumin? If yes was this sufficient to require admission treatment on an intensive care unit. Only these individuals should be advised against vaccination with Fluenz vaccine and an alternative vaccine should be offered

Is the child suffering with clinical immunodeficiency due to conditions or immunosuppressive therapy such as: acute and chronic leukaemias; lymphoma; symptomatic HIV infection; cellular immune deficiencies; and high-dose corticosteroids. *If yes, then the vaccine should not be given, and medical advice sought.*

Fluenz is not contra-indicated in individuals with asymptomatic HIV infection; or individuals who are receiving topical/inhaled corticosteroids or low-dose systemic corticosteroids or those receiving corticosteroids as replacement therapy, e.g. for adrenal insufficiency.

Do they have a known allergy to or issues with gentamycin, sucrose, dipotassium phosphate, porcine Gelatine, arginine hydrochloride, monosodium glutamate potassium dihydrogen phosphate? All are used in the manufacturing process. *if this is known to be an issue for the patient then vaccination should be avoided, and GP asked to prescribe a suitable alternative. Individuals who do not wish to receive a porcine product can be given inactive quadrivalent influenza vaccine but the immune response is not as predictable. Leaflets are available explaining the presence of porcine gelatine in vaccines See Appendix Nine*

Has the patient previously received this influenza vaccine without developing an anaphylactoid response? If yes then they are suitable for further vaccination. *If they*

have had a severe reaction, then medical advice should be sort as to the suitability and location of any further influenza vaccine

Is the child currently taking aspirin or aspirin related products? *If yes do not administer the vaccine and seek medical advice as it may be possible to offer an inactive quadrivalent influenza vaccine*

Additional Requirements or counselling

Do they have a known immune-deficiency or are they taking drugs likely to impair their immune response These individuals can be vaccinated but their antibody response to vaccination may be insufficient to provide high levels of immunity from infection. *Patients should receive appropriate counselling to this effect but are not precluded from having vaccination. Household members should be encouraged to take up influenza vaccination.*

Are they unwell with a fever currently? *If yes, vaccination should be postponed until patient is well and has been without fever for 48 hours.*

Has the patient ever suffered with any fainting, anxiety reactions, needle phobia or hyperventilation before during or after vaccination? *If yes consider placing the patient in the Enhanced accessibility stream for vaccination and make the vaccinators aware*

The Intranasal influenza vaccine contains Gelatine which may give some patients disquiet about accepting vaccination. These resources should be available and accessible within the service and displayed / linked to on websites They describe how and why porcine gelatine is used in vaccines for immunisation programmes.

These can be found at https://www.gov.uk/government/publications/vaccines-and-porcine-gelatine

Appendix Three Pre-Vaccination Patient information leaflet

You have been invited to attend for Influenza / COVID-19 Vaccination using the xxx vaccine

This vaccine will help to protect you against influenza/COVID-19 and is being offered in accordance with national recommendations

Through vaccination the immune system (the body's natural defence system) is stimulated to produce its own protection (antibodies) against the illness. None of the ingredients of this vaccine can by themselves cause influenza /COVID-19

What you need to know before you are vaccinated

You should seek advice from a health care professional

- if you are allergic (hypersensitive) to eggs or chicken proteins
- if you have any allergy to latex
- have had anaphylactoid reactions to previous influenza/COVID-19 vaccinations
- if you are currently unwell with a high temperature or acute vaccination

You may still be suitable for vaccination

Warnings and Precautions

You should tell the health care professional before vaccination if you have a poor immune response (immune deficiency or are taking medicines affecting the immune system)

Fainting, feeling faint or other stress-related reactions can occur as a response to any needle injection. Tell the health care professional if you have experienced this kind of reaction previously

The Health professional will decide if you should receive the vaccine

As with all vaccines, Influenza / COVID-19 vaccine does not fully protect all persons who are vaccinated.

It is possible that a protective immune response will not be triggered in all vaccinated persons

Pregnancy and Breast Feeding

This is not known to be affected by Influenza /COVID-19 Vaccination

Driving and using machines

Influenza / COVID-19 vaccine has no or negligible influence on the ability to drive and use machines

Appendix Four Post Vaccination Leaflet Influenza. Adults and Children

You have been vaccinated with an influenza vaccine.

You may experience some minor side effects after vaccination these should not normally last more than 48 hours

Flu vaccine side effects

After the influenza vaccination, you may get a mild high temperature and slight muscle aches for a day or so.

Some people may have a sore arm after vaccination. For example, if you're aged 65 or over and having the adjuvanted flu vaccine.

Try these tips to ease the discomfort:

- continue to move your arm regularly; do not let it get stiff
- take a painkiller, such as paracetamol or ibuprofen; some people, including pregnant women, should not take ibuprofen unless a doctor recommends it

Do not give aspirin to children under 16.

You cannot catch flu from the flu vaccine

The injected flu vaccine cannot cause flu because there are no active viruses in the vaccine.

If you have what you think is flu after vaccination, it may be that you have caught a flu-like virus that's not really flu, or you may have caught flu before your flu vaccination had taken effect

If you become unwell significantly unwell after flu vaccination a temperature above 38°C, cough, breathless or wheezy after vaccination you should seek further medical advice as these are not symptoms that relate to influenza vaccination and may need further assessment

Appendix Five Cold Chain Policy for Vaccines

This should reflect local arrangements for influenza cold chain provision and may be subject to change when the properties of COVID-19 vaccines are available

Appendix Six Resuscitation and Anaphylaxis policy at a time of COVID

This appendix sets out the scope standards of equipment and approach taken to resuscitation and medical emergencies within the service.

Appendix Seven Vaccines and Porcine Gelatine

English

PHE_vaccines_porci
ne_gelatine English.

Arabic

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elatine_2018_A4-02_

Bengali

Vaccines_porcine_g
elatine_2018_A4_Ben

Urdu

Vaccines_porcine_g
elatine_2018_A4_Urd