



**** On Site Clinical Lead Guidance ****

On Call: Dr Selma Stafford (Director of Primary Care Innovation / Overall Clinical Lead for Racecourse)

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Most documentation is available on the Improving Access Website:

<https://www.improvingaccessservices.co.uk/ehs-staff-resources/brighton-racecourse-gp-vaccination-hub/>

START OF SESSION

1. **Check in with Site Manager and Pharmacy Lead** (+ Morning shift CL) for handover.
2. **Check oxygen and emergency equipment** on crash trolley and outside responder box and sign checklist (hanging on wall in resus area). If no blank copies available ask site manager to print some:
<https://www.improvingaccessservices.co.uk/wp-content/uploads/2021/02/210225-Resus-Session-Checklist-V-1.1.pdf>
3. **Check your rota** (spare copies usually on bar with IT/admin support). Ensure that appropriate clinician is in Pod 7 (physically able and nurse/doctor comfortable with role). Ensure that any new vaccinators are not assigned as floating break cover – swap them into a pod.
4. **Check that you have a copy of the daily list** so that you can see if there are any patients with reasonable adjustment requirements etc coming in, what they need and what time they are coming. This is available from the site support team.
5. **Put outside responder box in pod 7:**
<https://www.improvingaccessservices.co.uk/wp-content/uploads/2021/03/210225-Outside-Responder-Process-V-1.0.pdf>
6. **Assign resus team and outside responder** as per resus policy:
<https://www.improvingaccessservices.co.uk/wp-content/uploads/2021/03/210322-Primary-Care-Vacc-Site-Brighton->

[Racecourse-Resus-Guidance-V-1.4.pdf](#) Write names and pod numbers of resus team up on laminate which is displayed on Flipchart in DU area.

7. **Identify any new vaccinators.** Make a training needs assessment using competency assessment tool (they should already have this with them): <https://www.improvingaccessservices.co.uk/ehs-staff-resources/mandatory-training-covid-vaccination-sites/> . Buddy them up with an experienced vaccinator/consenter who can train them and complete/sign off competency tool – often using your extra vaccinator covering breaks is a good way to keep all pods up and running.
8. **Deliver session briefing to vaccinator/consenters.** A copy of this briefing will be emailed to you each time it is updated – each point included originates from incidents and new guidance and sharing this information with vaccinators is vital as they often have not had a chance to catch up. It also stops you having to have awkward conversations mid-shift regarding IPC policy etc... Suggested briefing times: 08:35 and 14:05.
9. **Let the site manager know when your vaccinators are ready to go!**

THROUGHOUT THE SESSION

Clinical decisions

The **legal mechanisms** by which our vaccinators (who are largely not prescribers) are authorised to administer the Covid-19 vaccines are the **National Protocols**:

<https://www.gov.uk/government/publications/national-protocol-for-covid-19-vaccine-astrazeneca-chadox1-s-recombinant>

<https://www.gov.uk/government/publications/national-protocol-for-covid-19-mrna-vaccine-bnt162b2-pfizerbiontech>

PSDs:

It is now very rare that a patient should require a PSD for Covid-19 vaccination. However, if patients fall **outside the criteria** set out in the National Protocols, the clinical lead must make a **risk/benefit assessment** in discussion with the patient and in the **patient's best interests**, and write a **Patient Specific Direction** for the vaccinator to legally vaccinate them. Hard copies of the PSDs are found in the CL folder and policy with digital copies here:

<https://www.improvingaccessservices.co.uk/ehs-staff-resources/brighton-racecourse-gp-vaccination-hub/vaccination-protocols-guidance/>

Once PSD has been written and signed by both the CL and the vaccinator, please ask the admin to **record** “*PSD authorised by [insert name]*” on **Pinnacle**. The paper PSD should then be given to the **HERE Site Support Team** to be scanned and emailed to the patient's GP. It is also saved on a secure drive.

The most up-to-date government and JCVI guidance regarding vaccination is found here: <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a> The Pharmacy Lead is also on hand to support and discuss clinical decisions.

Special Requests

In some cases patients will request vaccination outside of National Protocols e.g. alternate 2nd dose, early 2nd dose etc... In these cases, if you assess that the patient is fit for vaccination, but they decline, this should be documented as such. If they seem to have legitimate cause or state that their GP or consultant has instructed this, please write to the patient's GP or consultant to requesting that they email Dr Selma Stafford with their rationale for vaccination outside guidance – she will then make a decision, write a PSD and invite for vaccination as appropriate. A template for letters can be found in the link below:

<https://www.improvingaccessservices.co.uk/ehs-staff-resources/brighton-racecourse-gp-vaccination-hub/vaccination-protocols-guidance/>

Please email this letter to one of the HERE site support team who will forward this to GP.

Pregnant women:

Pfizer is now the vaccination of choice for pregnant women. If a pregnant woman attends for vaccination, a risk/benefit discussion should occur either with vaccinator if confident or with clinical lead. If Pfizer contra-indicated due to allergy history, AZ should not be given at the LVS – needs referral to allergy service (as now same criteria for allergies – see below). In addition, she should be given the following leaflet inviting her to join the vaccine in pregnancy surveillance programme:

https://www.improvingaccessservices.co.uk/wp-content/uploads/2021/04/PHE_Vaccine-Monitoring-in-Pregnancy-Leaflet.pdf

Hard copies of these are found in the Clinical Lead Folder.

If the woman is attending for her 2nd vaccine and did not know she was pregnant when she had the first dose, this must be reported via this site:

<https://www.gov.uk/guidance/vaccination-in-pregnancy-vip>

If the woman had 1st dose of AZ with no problems, she should go ahead and have the 2nd dose as planned.

Allergy queries:

If a patient presents with history of **previous systemic allergic reaction** to the first dose of COVID-19 vaccine, history of immediate onset allergy reaction/anaphylaxis to a component of the vaccine (e.g. Polyethylene Glycol PEG for Pfizer/Moderna, Polysorbate 80 for Astra Zeneca), history of **immediate anaphylaxis to multiple different drug classes** (Pfizer and AZ), history of **idiopathic anaphylaxis** (Pfizer and AZ), history of **anaphylaxis to any vaccine, injected antibody preparation or a medicine likely to contain PEG** (Pfizer and AZ) **or polysorbate 80** (Astra), these patients should be referred to the Allergy Clinic for review. This **includes** people who have tolerated influenza vaccine but have history of the above conditions. Please fill out the **Allergy Clinic form for LVS V 1.0** (hard copies in CL file) found here:

<https://www.improvingaccessservices.co.uk/ehs-staff-resources/brighton-racecourse-gp-vaccination-hub/vaccination-protocols-guidance/>

This form should be given to the **HERE Site Support Team** to be scanned and emailed to the patient's GP. It is also saved on a secure drive.

Please note that it is not suitable to offer alternate second dose due to cross-sensitivity with excipients in **both vaccines**. The decision to offer alternate 2nd dose should be made by allergy specialist and vaccine should still be given in an environment with full resuscitation facilities.

Clinical trials

Vaccinators can now give patients who have participated in COVID-19 vaccination trials their vaccinations under the national protocol. However, patients **MUST** show their letter saying that they have been unblinded and if they have already had a dose of COVID-19 vaccination.

AstraZeneca

Currently, patients who present for **AZ vaccine** and may be **clinically unsuitable** as per current guidance are being triaged in the following way:

1. All 2nd dose AZ patients (including under 40s) who have had first dose AZ and **not had** major venous and/or arterial thrombosis occurring **with** thrombocytopenia following since should be given 2nd dose.
2. All 2nd dose AZ patients (including under 40s) who have **had** major venous and/or arterial thrombosis occurring **with** thrombocytopenia following 1st dose should be referred back to GP for referral .

3. We are booking **all under 40s** into **Pfizer** clinics at present. However, some may still present on AZ clinic days. Please could you triage them as follows:
 - All 1st dose under 40s classed as CEV should have a risk/benefit discussion as to whether they have AZ on the day or choose to delay for an alternative vaccine.
 - All 1st dose under 40s who do not fall into CEV category e.g. carers should be offered an alternative vaccine. If they insist on AZ straight away, the risk/benefit discussion should be recorded – you can do this using a PSD.
4. All 1st **dose** AZ with a past medical history of heparin-induced thrombocytopenia and thrombosis (HIIT, or HIT type 2) should **NOT** have AZ (**CONTRAINDICATED**) and should be booked for Pfizer.
5. All 1st dose AZ with a past medical history of **cerebral venous sinus thrombosis (CVST)** or **antiphospholipid syndrome** should be offered **Pfizer** in the 1st instance and should only have AZ if the benefits outweigh the risks – please complete PSD in these instances.
6. People with learning disabilities and/or autism who would be safer/more comfortable having their vaccine at home or day centre (e.g. because they need clinical holding/restraint or would become very distressed or move during vaccination), should be referred to the Housebound Service by their GP. They do not need to be physically housebound to receive this service. If they are 18 and 40 or pregnant, they can still receive AZ following risk/benefit discussion. They should be advised to contact GP for referral and to contact the Community Learning Disabilities Team if their GP is not aware of this service.

Up-to-date regulatory approval can be found here:

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca>

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-healthcare-professionals-on-pfizerbiontech-covid-19-vaccine>

Supporting Vaccinator/Consenters

- Clarify vaccine eligibility criteria/national protocol criteria if vaccinator unsure.
- Liaise with pharmacy lead to decide if any “extras” can be given

- Check in with pods encouraging Pod Clinician to be responsible for maintaining good infection control/Sharps Management, Vaccination handling and technique and Information Governance to ensure accurate records. Please offer further training, guidance and advice where needs are highlighted.
- Do not hurry or rush the vaccinators. We require them to ask all consenting questions as per consenters' laminate and to work at a pace that feels safe for them. The risk of accidents and incidents increases when our vaccinators are rushed and provides a poor working experience for them – they are a very precious resource and we need them!
- **BREAKS!** All pods are allowed a 15 minute break during the shift. It is part of your role to ensure that all staff get a break. There is usually a vaccinator/admin team that you can rotate through the pods and it is usually possible to additionally close 1 pod at a time without disrupting patient flow and to enable timely breaks for the staff. We suggest starting breaks 90 mins into shift.
- **PPE and Heat Stress.** Please encourage vaccinators and admin to take quick drink and toilet breaks throughout the shift in hot weather. Eating and drinking is not permitted on the vaccine floor as it requires removal of masks so they will need to leave the pods briefly to do this – this is fine as long as vaccines are not left unattended in pods. Please observe for signs of heat stress in your team.

Incidents

1. **Monitor observation area** throughout session and provide ad hoc medical input if patient unwell following vaccination. Any **adverse reactions** should be reported via the Covid Vaccine Yellow Card Scheme: <https://coronavirus-yellowcard.mhra.gov.uk/>
2. All **Incidents should be reported** following Sussex Incident Reporting Process: <https://www.improvingaccessservices.co.uk/wp-content/uploads/2021/03/Sussex-Covid-19-Mass-Vacc-Incident-Reporting-Process-V-7.2-02.03.21.pdf> and completed electronically on the **Incident Reporting Form** found here: <https://www.improvingaccessservices.co.uk/ehs-staff-resources/brighton-racecourse-gp-vaccination-hub/incidents-complaints-enquiries/> . This form should be **emailed within 24hrs** to sxccg.incidents@nhs.net copying in S.Stafford@nhs.net ; phalley@nhs.net ; charlotte.riley10@nhs.net ; helen.mendoza1@nhs.net . Please then log the incident on **Datix** or ask one of the HERE Site Support Staff to do this for you. **REPORT SERIOUS INCIDENTS IMMEDIATELY TO SELMA STAFFORD 07786 769739**
3. If incident was a sharps injury, please fill out the relevant investigation forms in full giving as much detail as possible. Please send these forms to s.stafford@nhs.net ; Phalley@nhs.net ; charlotte.riley10@nhs.net Sharps Management Policy and forms are found here: <https://www.improvingaccessservices.co.uk/ehs-staff-resources/brighton-racecourse-gp-vaccination-hub/infection-prevention-control/> If these forms are not completed on the day, we will contact you to ensure they are completed as vital to our investigation and learning processes.

Liaising with Onsite Pharmacy Lead and Site Manager:

1. **Support Flow stop** when Pharmacy lead needs to “**do the count**” to avoid wastage in liaison with site manager
2. Give **clinical oversight** to short notice list to ensure that people called in for vaccine at short notice are within eligible cohorts and within our PCNs.
3. Accept **deliveries** of vaccines if scheduled for your shift times
4. Identify and co-ordinate pods requiring more vaccinations to maintain good flow. **Check vaccines carefully for air bubbles and correct dosage before putting in pods.**

Liaising with Reception/Volunteer Marshals

1. Support reception and Marshals with queries relating to Patient eligibility, patient safety, site safety
2. Check that **ventilation policy** is upheld, especially if vaccine centre feels too hot or too cold.
3. Check that marshals are not wearing inappropriate PPE (eg gloves, faceshields, aprons) and discreetly advised lead marshal or individual marshals as needed.

END OF SESSION

1. Work with pharmacy lead and site manager to use up surplus vaccine appropriately. No further phone-calls after 7pm. Policy on end of session wastage to follow.
2. Reduce the number of pods operating towards end of shift to avoid vaccine wastage and staff sitting around. **ENSURE YOU STILL HAVE AN ADEQUATE RESUS TEAM AVAILABLE AND THAT RESUS REMAINS OPEN UNTIL EVERYONE WHO HAS BEEN VACCINATED HAS LEFT!**
3. Check pods have been closed down correctly at end of shift including temporary closing of sharps containers as per pod laminate instructions: <https://www.improvingaccessservices.co.uk/wp-content/uploads/2021/03/210322-Brighton-Racecourse-Vaccination-Pod-Set-Up-Clean-Down-V-1.3.pdf>
4. **Ensure that all full sharps bins are correctly labelled and securely locked. Put them in outdoor clinical waste storage (code is 2578).** Ask a vaccinator to help or delegate this to them if they have done it before. Remember that only people with the correct imms cover and training with Sharps can handle the sharps bins i.e. you and/or the vaccinators
5. Put **outdoor responder box** into resus for secure storage.
6. Final check in with site manager at end of shift before leaving site.