**Checklist for COVID-19 vaccination visit for care home staff and vaccination teams**

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| **Care home staff** | *Pre vaccination planning* | Meet with vaccination team to agree date for vaccinations - consider size of home, other commitments and availability of care staff. Take the opportunity to discuss previous visits and highlight any strengths and challenges. |  |
| Provide an up-to-date list of residents indicating those who can consent for themselves, those who have a power of attorney for health and those with fluctuating or lacking capacity. Collate evidence and communicate this back to vaccination team at least one week prior to vaccination date. |  |
| Communicate with attorneys or relatives where appropriate and provide consent forms and leaflets as necessary. Check and collate the responses, sharing with the vaccination team in a timely manner. Complete pre-screening questions with residents. |  |
| Display appropriate promotional materials and information leaflets. The vaccination team will provide the majority of resources but if necessary, access [Home - Health Publications](https://www.healthpublications.gov.uk/Home.html) and obtain appropriate campaign leaflets in applicable languages or easy-read formats and provide to residents as appropriate, and display in rooms or communal areas. |  |
| Identify and assign staff to provide support to vaccination team on the day. |  |
| Identify and assign appropriate area to deliver vaccine or plan for team to move throughout the home. Consider: wifi availability\*; hygiene needs; space for mixing/vaccine preparation; privacy needs, and other care home events that may use the space while the vaccine team are in attendance.  |  |
| Ensure wifi\* access available and communicate access information to vaccination team. |  |
| Pre-meet with the vaccination team the day before the session to ensure they have all the resident’s relevant information and understand the flow of residents on the day to ensure the day runs smoothly. Highlight any significant challenges, unwell residents, changes to capacity/consent or new residents and identify who will support the team on arrival.  |  |
| In the case of a positive outbreak, a risk assessment should be undertaken in accordance with public health guidance. |  |
| *On the day of vaccination* | If pre-meet did not occur, provide list of residents to be vaccinated that day and communicate any changes to capacity/consent or new residents to vaccination team with the understanding that they will be vaccinated on a catch-up visit unless a full pre-vaccine check and consent process can be completed on the day. |  |
| Ensure team have wifi access.  |  |
| *During vaccinations* | Support vaccination team as per planned process, supporting the residents where required.  |  |
| *Post vaccination* | Support residents with observation of side effects, report adverse events back to vaccination team, undertake brief reflection of how the vaccine process went with attention to challenges and areas for improvement for future campaigns. |  |
| **Vaccination team** | *Pre vaccination planning* | Meet with Care Home Manager to agree vaccination date (consider appropriate window from previous visits), communicate eligible cohort, request resident details and consent, discuss expected plan of action on the day and clearly communicate needs for visit ensuring plans include access to wifi\* throughout visit. |  |
| Obtain and provide or signpost to supporting literature and posters for display in care home. ([Home - Health Publications](https://www.healthpublications.gov.uk/Home.html)) |  |
| Prior to the visit, ensure the care home list of residents highlights any new additions and those lacking or with fluctuating capacity. Clearly identify where verbal consent cannot be obtained on the day, where a best interests decision will be used, or lasting power of attorney for health and other challenges. Obtain from care home consent documentation for applicable residents (e.g. those lacking capacity). Identify patients with contraindications, allergies or specific challenges (e.g. missing upper limbs or muscle tissue). |  |
| Ensure staff have IT equipment and Point of Care e.g. Pinnacle log in. Ensure staff have read and signed appropriate legal mechanism (PGD or National Protocol).Ensure staff have completed and reflected on training and new updates.Check availability of workforce and resilience in case of absence or annual leave. Where bank or temporary staff are used ensure process in place for checking all of the above prior to attendance at the home.  |  |
| Risk assess and plan cold chain procedures, ensure all staff involved familiar with process. |  |
| Procure equipment required such as vaccines, needles and syringes, alcohol wipes, sharps bins etc. and equipment for transporting all of these.  |  |
| Ensure staff involved are aware of travel arrangements to the planned site/sites. |  |
| On the day before the visit, liaise with care home manager to check for changes to previous information. Check Green Book guidance about vaccination for patients who are unwell. Check space assigned by care home and ensure suitability. Identify who will support the team on the day. Check wifi provision\*. Check Point of Care system for planned list of patients.  |  |
| *On the day of vaccination* | Ensure vaccines required are available and appropriately stored and transported to the care home.  |  |
| Check appropriate equipment is transported to the care home including anaphylaxis kit.  |  |
| Ensure list of patients awaiting vaccination is available. Identify any deviations from initial plan and ensure new additions or removals are highlighted. Check Point of Care system for each patient. While vaccination should not be delayed unnecessarily it may be safer to vaccinate on a ‘mop up’ visit than to vaccinate without ensuring consent and vaccination history using electronic patient records. |  |
| Liaise with care home staff to ensure they are aware of where to bring residents, any queuing/waiting or post vaccination observation processes or mobility support issues.  |  |
| Pre vaccine ‘safety huddle’ to highlight potential risks, discuss processes in case of adverse reaction, highlight key team members and how/when to raise concerns. Assign roles for each staff member including drawing up/mixing vaccine, vaccinating, checking patient record prior to vaccine and entering vaccine into electronic record contemporaneously. |  |
| *Post vaccination* | Ensure electronic records uploaded contemporaneously. Paper documentation should only be used where there is no other option and should not be the routine way of recording vaccines\*.  |  |
| Remind care home staff about reporting side effects and adverse reactions.  |  |
| Post vaccine huddle with staff to undertake brief reflection of how the vaccine process went with attention to challenges and areas for improvement for future campaigns. |  |

\*Where there is no wifi availability advance planning should include strategies to overcome this, such as using wired services on site or tethering to data enabled work phones. Paper records that are uploaded to Pinnacle at a later date are associated with a significant increase in incidents and should not be a routine part of the vaccination process. Where there is no other option the point of care system should be accessed for each planned patient on the day of vaccination.