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Guidance for COVID-19 vaccination in care homes that have cases and outbreaks

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Background

There is clear evidence that those living in care homes for older adults (nursing and residential) have been disproportionately affected by COVID-19. Evidence strongly indicates that the single greatest risk of mortality from COVID-19 is increasing age and that the risk increases exponentially with age.[1]

The Joint Committee on Vaccination and Immunisation (JCVI) have advised the **first** priority group for receipt of COVID vaccination are residents in care homes for older adults and their carers.[1] This is to protect both residents and staff.

General principles

COVID vaccine should be offered to older adults in care homes and their carers, with the aim of achieving high uptake as rapidly as possible. This includes when other residents have been diagnosed as having COVID-19 infection.

Whilst vaccination against COVID may be temporarily deferred in some individuals e.g. acutely unwell or still within four weeks of onset of COVID symptoms[2], **all** other staff and care home residents should receive prompt COVID vaccination. There is no evidence of any safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID-19 antibody.[2]

Considerations for vaccinating in care homes that have an outbreak of COVID-19 infection

A number of factors will need to be considered before an immunisation team attends a care home. It is recommended that a risk assessment is carried out by the lead vaccinator and that this is performed in conjunction with the care home manager. If needed, advice should be sought from others such as the local health protection team3, CCG infection prevention and control lead and local Director of Public Health. If more than one visit is required to the home, e.g. to undertake mop up vaccinations, the risk assessment should be repeated.

Factors for consideration include but are not limited to the following.

1. Known or possible cases of COVID-19 infection in the care home

In response to an outbreak of COVID-19 in a care home, standard procedure is to restrict visits as part of infection control. Before sending vaccination teams to the care home, a risk assessment must be undertaken to ascertain if there are currently any cases or suspected cases of COVID infection in the home. This should include for example the total number of cases/suspected cases, whether the outbreak is emerging or resolving, the ability of the home to adequately isolate cases or care for them in larger cohorts. This information will be available from the home, DPH and/or PHE Health Protection Team and via the Adult Social Care dashboard. This is available to Local Authorities via their Director of Adult Social Services. If there is a low number of cases and/or cases are well isolated from the wider population in the care home, then prompt vaccination of unaffected or recovered staff and residents should be planned.

2. The built environment and its adaptability for COVID vaccination

Working with the care home manager or nominated deputy, an assessment of the care home should be undertaken. This should include the ability to deliver vaccination safely considering the built environment and use of space and movement of staff and residents. For example, does the immunisation team need to access all areas of the care home, or can they confine their activity to a specific area, ideally accessed using alternative routes from main thoroughfares? Can they establish an immunisation station(s) to which residents can be brought for vaccination? Can this be safely achieved without residents and staff transiting through affected areas of the home?

If it is not possible to establish an immunisation station, is there a plan for the movement of the immunisation team through the premises which minimises possible exposure to affected areas?

3. Infection prevention and control (IPC)

Follow the COVID-19 Infection Prevention and Control Guidance here which identifies the administrative, environmental and engineering interventions that are required to ensure safe systems of working. All staff should apply standard infection control precautions at all times in all settings

The personal protective equipment required will require a risk assessment: the current guidance states where contact with individuals is minimal, the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary. Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask.

Has an IPC risk assessment of the activity and the individual resident/carer been carried out?4 For example, if those currently infected with COVID are adequately isolated, this reduces the risk of infection in other residents and the immunisation team and in turn supports immunisation of other residents and staff.

Risk assess individual HCW risk from COVID and exclude those at highest risk if possible. Are there any healthcare workers who for their own safety should avoid direct clinical contact with patients?

If possible, mitigate risks to HCWs going into the home by vaccinating them beforehand. Is it possible to utilise healthcare workers who themselves have been vaccinated against COVID? Are only the minimum number of healthcare workers required to undertake the vaccinations entering the home?

Visiting professionals to care homes are required to have been recently tested for infection with SARS-CoV-2 – information at Testing for care home staff and residents: a summary (publishing.service.gov.uk)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/947780/Care_Home_Testing_Guidance_visual_v2212_-_3.pdf

4. Pre-assessment

Before visiting care homes to offer vaccination, teams should work with the care staff to ascertain which residents have the capacity to provide informed consent on the day of immunisation. For those who may not, alternative arrangements will need to be in place, such as best interests or lasting power of attorney?[5]

References

1. Independent report: Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 30 December 2020 - GOV.UK (www.gov.uk)

2. Immunisation against infectious disease, COVID-19 chapter 14a https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a

3. Find your local health protection team in England https://www.gov.uk/health-protection-team

4. COVID-19: Guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

5. Health and social care workers: Mental Capacity Act decisions. How the Mental Capacity Act 2005 applies to health and social care staff. https://www.gov.uk/government/publications/health-and-social-care-workers-mental-capacity-act-decisions