

# COVID-19 vaccination programme Workforce and training workstream

## **Workforce considerations for phase 3 children's vaccination**

Version 6, 04 January 2022

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This pack is for **regional workforce leads** and **lead employers** to support with planning for the children cohort of phase three of the COVID-19 vaccination programme.

This document is based on JCVI guidance to vaccinate all children aged 12-17 and children aged 5-11 in clinical risk groups.

*Please note that this pack primarily addresses overall guidance for the vaccination of children and a separate pack has been created and circulated to support the School Age Immunisation Teams (SAIS) with the delivery of vaccination in school settings. Please also note that this pack only addresses to single clinics where COVID-19 vaccination only is delivered.*

### Edits

- v6
- Updated design principles to reflect updated JCVI guidance on vaccinations of children aged 5-17.
  - Addition of clinical red lines, workforce model requirements and training requirements for vaccinations of 5-11 year olds.
  - Links to newly published training resources for 5-11s vaccinations (distraction techniques, safeguarding and guidance on adapting the environment).

## Covered in this section:

- 1** Design principles
- 2** Clinical red lines
- 3** Workforce model requirements
- 4** Training considerations
- 5** DBS clearance requirements

This section provides an overview of the design principles and red lines which will serve as the basis for building appropriate workforce models to deliver the Covid-19 vaccination to children.

- This cohort is constituted of children aged between 5 to 17 years of age, with the Medicines and Healthcare products Regulatory Agency (MHRA) having authorised the vaccination of 5-17 year olds with Pfizer-BioNTech (Comirnaty®) vaccine
- JCVI guidance on [15<sup>th</sup> November](#) advised that all young people aged 16 and 17 should be offered 2 doses of Pfizer-BioNTech (Comirnaty®) with an 8 week interval for those in clinical risk groups and 12 weeks for those not in a clinical risk group.
- JCVI guidance on [29<sup>th</sup> November](#) advised that all children aged 12 to 15 should be offered a 2 doses of Pfizer-BioNTech (Comirnaty®) with an 8 week interval for those in clinical risk groups and 12 weeks for those not in a clinical risk group.
- JCVI guidance on [22<sup>nd</sup> December](#) further advises that:
  - Children aged 5-11 years in a clinical risk group, or who are a household contact of someone who is immunosuppressed, should be offered two 10 micrograms doses of Pfizer-BioNTech (Comirnaty®) with an interval of 8 weeks between doses.
  - Booster doses of Pfizer-BioNTech (Comirnaty®) should be offered to the following cohorts, no sooner than 3 months after completion of their primary course:
    - All young people aged 16 to 17
    - Children aged 12 to 15 who are in a clinical at-risk group or who are a household contact of someone who is immunosuppressed
    - Children aged 12 to 15 who are severely immunosuppressed and who have had a third primary dose
- The vaccination of at-risk 5-11 year olds will be delivered through Local Vaccination Services.
- The vaccination of 12-15 year olds is to be delivered primarily through Local Vaccination Services, with the healthy 12-15s being vaccinated in school settings as per the Chief Medical Officer guidance, with Vaccination Centres becoming available to increase vaccine uptake
- The vaccination of 16-17 year olds will be delivered through Vaccination Centres, Local Vaccination Services and Hospital Hubs
- Vaccination Centres delivering the vaccination to this cohort should have a clear pathway in place with staff meeting the training requirements and additional checks to ensure the child's safety
- The most appropriate legal mechanism to administer the vaccine, according to the workforce model in place, should be chosen, with National Protocol being the recommended framework to enable optimisation of workforce and operating model.
- The model adopted must comply with medicines regulations
- Workforce must be appropriately trained and competent to deliver and manage the vaccine and cohort
- The workforce model is focused on the experience and competence required for each of the roles and the proportionate paediatric experience to safely deliver the vaccination to this cohort
- Optimal use of the unregistered workforce in the correct roles should be considered to ensure sustainability and scalability of the workforce
- Appropriate clinical and operational supervision and escalation must be in place

# Clinical red lines for children aged 12 to 17

## Clinical red lines for children aged 12-17 (1)

### Clinical assessment and consent:

- Consent for young people will be in alignment with the Green Book chapter on consent. Children, or those giving consent on their behalf, must be given enough information to enable them to make a decision before they give consent. This should include information about the process, benefits and risks of the Covid-19 vaccination. Consent needs to be agreed prior to vaccinating the child and documented. Parents must be given sufficient information prior to consenting – this includes access to a registered healthcare professional to have an individual conversation as part of the information process and to respond to queries prior to giving consent.
- Information for consent and vaccination must not be provided at the same point in time and information needs to be multi modal. Consent should be sought through an appropriate mechanism and, where possible, it is recommended that a method of recording that information has been received and considered is in place.
- Children 16 and over can complete their own consent.
- Children under 16s can consent themselves using the Gillick competence (providing the child has the capacity and maturity to understand what they are consenting to). It is advised that parents of those under 16 are involved in the consent process, and if a healthcare professional considers that the child is not Gillick competent, the consent of someone with parental responsibility should be sought. Parents can consent for the course of vaccination although checking that consent is still valid needs to be confirmed on the day each time.
- Consent can be withdrawn at any given time during the course of the vaccination. If children over 16 or a Gillick-competent child consent to treatment, a parent cannot override that consent.
- If there is new information between the time consent was given and when the immunisation is offered, it may be necessary to inform the patient and for them to re-confirm their consent (for example when there is new evidence for the vaccine risks and benefits, or a significant change in the individual's condition).
- The clinical assessment and consent process must be carried out by a **trained registered healthcare professional only, and previous experience of school vaccination programmes or with children is required for children under 16.**
- Clinical screening questions will need to be answered and documented prior to the child being vaccinated. The same questions will apply as the current process within the IT system. The questions will need to be filled maximum 48 hours prior to vaccinating. The use of self-assessment apps or non-registered workforce to support the completion of questions is permitted, but the actual clinical review and assessment of eligibility for the vaccination must be carried out by a registered healthcare professional.
- On the day of the vaccination, children will need to be asked if they are feeling well, if they are happy to get their vaccination and have addressed any questions or concerns.
- Staff need to recognise that children may need more time to process the information so this should be factored in when considering pace of delivery.

## Clinical red lines for children aged 12-17 (2)

### Vaccine delivery:

- Dilution and draw up must be carried out by an appropriately trained and competent member of staff with **recent experience in dilution and drawing up using aseptic non-touch technique** under supervision or by a doctor, nurse or pharmacist with experience in aseptic technique.
- **The minimum standard** for an individual to be able to administer the vaccine to the child aged 12-15 years old is
  - a) Paediatrically trained registered nurse OR
  - b) An individual who demonstrates (regardless of their registration status):
    - Qualification at NVQ 3-4 Level or [equivalent qualification](#) or equivalent experience (locally determined), AND
    - Competence (locally determined):
      - In a healthcare setting
      - Giving IM injections to children
      - Managing distressed children
- **The minimum standard** for an individual to be able to administer the vaccine to children 16 and above is a registered or unregistered vaccinator under the supervision of a registered healthcare professional, as per the requirements for the adult cohort. A visual assessment of the child's BMI is recommended to be undertaken and the child should be passed on to the registered healthcare professional when required.

### Post vaccination observation:

- 15 minute post vaccination observation may be required (please refer to [current Green Book guidance](#)). Appropriate paediatric equipment for this cohort should be in place.
- Workforce will need to be appropriately trained in BLS for paediatrics and anaphylaxis management. The BLS paediatric guidance is for children up to the age of 18 and therefore vaccination centres must have individuals on site who are paediatric BLS trained for vaccination of children 16-17 years of age. This would include registered healthcare professionals, vaccinators (registered or unregistered) and post-vaccination observers.

### Supervision:

- Appropriate and sufficient escalation points (clinical and non-clinical) must be in place to ensure patient safety at all stages of the process and to be defined at local level.
- Minimum standard is a doctor, nurse or a pharmacist who is competent in all aspects of the vaccination process, as per the National Protocol requirement, including the competencies of all staff they are supervising.

## Clinical red lines for children aged 12-17 (3)

### Non-clinical staff:

- Consideration should be made to identify workforce requirements at a local level to ensure the required non-clinical roles are being filled.
- There will be an increased requirement for administrative resource to manage the consent process for this vaccination.

### Volunteers:

- Volunteers can be used to support marshalling and patient support.

### Other considerations:

- All staff will require Enhanced DBS checking with child barred lists information to vaccinate the 12-15 cohort in educational settings. This means that volunteers will not be able to be utilised in this delivery model when provided in place of education.
- Registered healthcare professionals, unregistered vaccinators, healthcare support workers and SJA volunteers in the role of a vaccinator and post-vaccination observation will require Enhanced DBS checking with adult and child barred lists information for the cohort of children aged 12-15 and 16-17 years in VC, HH and LVS settings. Volunteer stewards will not require DBS checks for these cohorts coming through the aforementioned delivery pillars.
- There is a fast-track DBS service which can be accessed to support faster mobilisation of staff: [COVID-19: Free-of-charge DBS applications and fast-track Barred List check service - GOV.UK \(www.gov.uk\)](#)
- More information on the DBS requirements can be found [here](#).
- The NHS Employers employment check standards set out what the requirements are: [www.nhsemployers.org](http://www.nhsemployers.org).
- St John Ambulance volunteers do not meet the minimum training standards to be able to cover clinical roles and a decision has been made not to extend the national contracts for this staffing pool. More information can be found [here](#).
- Consideration needs to be given for managing disclosure from the child and for handling more sensitive topics such as questions around pregnancy.

# Clinical red lines for children aged 5 to 11

# Clinical red lines for children aged 5-11 under National Protocol (1)



## Clinical assessment and consent:

- Consent process for this cohort must be in alignment with the Green Book chapter on consent. Clinical screening questions will need to be answered and consent needs to be agreed, with appropriate documenting in place prior to vaccinating the child. It is recommended that consent happens at point of vaccination, and the child is accompanied by a parent or a person with legal authority.
- Who can give consent: Consent should be sought through an appropriate mechanism. Whilst the Gillick competence principle is less likely to be applicable to this age group, it can still be applicable when appropriate, providing the child has the capacity and maturity to understand what they are consenting to. It is recommended that parental consent is sought and procedures should be in place to ensure consent can be obtained from a person who has the legal authority to consent on behalf of the child prior to vaccination.
- Information in place: Enough information should be given to children, or those giving consent on their behalf, in advance of the vaccination. The information should be multimodal, through a variety of delivery mechanisms, and should include elements about the process, benefits and risks of the COVID-19 vaccination to this age group. Staff need to recognise that parents and children may need more time to process the information so this should be factored in when considering pace of delivery.
- Who can undertake this role: The clinical assessment and consent process must be carried out by a **trained registered healthcare professional** who:
  - Is competent in the use of the Gillick principle
  - Understands the law regarding consent for foster (LAC) children
  - Has experience of managing children and handling challenging behaviours (experience to be locally determined; *could include parental experience or periods of shadowing and supervision*)
  - Is competent in having more challenging risk/benefit conversations and dealing with more complex consent situations
  - Has the ability to manage disclosure from the child and tactically handle more sensitive topics such as questions around pregnancy
    - The use of self-assessment apps or non-registered workforce to support the completion of questions is permitted, but the actual clinical review and assessment of eligibility for the vaccination must be carried out by a registered healthcare professional.

## Clinical red lines for children aged 5-11 under National Protocol (2)

### Vaccine delivery:

- Dilution and draw up must be carried out by an appropriately trained and competent member of staff with **recent experience in dilution and drawing up using aseptic non-touch technique** under supervision or by a doctor, nurse or pharmacist with experience in aseptic technique. The individual needs to have undertaken the right training and competency assessment for the type of vaccine they will be using.
- **The minimum standard** for an individual to be able to administer the vaccine to the child under 12 years old is either:
  - a) A paediatrically trained registered nurse OR
  - b) An individual who demonstrates (regardless of their registration status):
    - Qualification at NVQ 3-4 Level or [equivalent qualification](#) or equivalent experience (locally determined), AND
    - Competence (locally determined):
      - In a healthcare setting
      - Giving IM injections to children
      - Managing distressed children OR
  - c) An individual who has been participating in the vaccination programme and has experience of vaccinating 12-18s

### Post vaccination observation:

- 15 minute post vaccination observation may be required (please refer to [current Green Book guidance](#)). The waiting area will need to be suitably organised to facilitate the child and parent waiting for the specified time. Appropriate medical equipment is available and staff are trained in its use for paediatric patients.
- All clinical staff need to be trained in BLS for paediatrics, anaphylaxis management and understand the necessary adrenaline dosage.
- Information on aftercare is available to the child and/or carers that is age-appropriate and advises them about what to do should the child become unwell.

### Non-clinical staff:

- Consideration should be made to identify workforce requirements at a local level to ensure the required non-clinical roles are being filled.
- Sufficient relevant staff should be in place to ensure appropriate queue management and address security issues and challenging behaviours.

## Clinical red lines for children aged 5-11 under National Protocol (3)

### **Supervision:**

- Appropriate and sufficient escalation points (clinical and non-clinical) must be in place to ensure patient safety at all stages of the process and to be defined at local level.
- Minimum standard is a doctor, nurse or a pharmacist who is competent in all aspects of the vaccination process, as per the National Protocol requirement, including the competencies of all staff they are supervising. They do not necessarily need to be a professional trained in paediatrics, but agreements and pathways need to be in place to allow clinicians to rapidly access specialist advice and support from a paediatric professional when necessary.

### **Volunteers:**

- Volunteers can be used to support marshalling and patient flow.
- St John Ambulance volunteers cannot be used for this cohort as this is outside of their current national contract and they do not meet the minimum training standards to be able to cover roles to vaccinate the children cohort.

### **All clinical roles:**

- All staff in a clinical role (including RHCPs, vaccinators and clinical supervisory roles) will need to:
  - have highly developed communication skills
  - be competent at:
    - distraction and diversion techniques
    - adapting communication skills to be effective with all children between the ages of 5-11
    - reassuring distressed children, their family, or carers
    - be able to rapidly establish rapport and instil confidence and trust
    - effective listening skills and observing non verbal behaviours in children
  - meet the Safeguarding standards, as described in the Training requirements section
  - be able to access senior support to assist with challenging/difficult conversations
  - have the skill and competence to care for children with special educational needs and disabilities (SEND) if the sites they work at vaccinate this group of patients.

# Clinical red lines for children aged 5-11 under National Protocol (4)



## The environment:

- The clinical lead will have an understand the impact of the environment on the child and will be empowered to make the necessary adjustment (*guidance resource available [here](#)*).
- Providers will need to be able to support the child being accompanied by a responsible/trusted adult as they may be able to assist in comforting the child: Providers will also need to have a process in place for guiding staff and volunteers in how to manage/advise children who arrive without a responsible adult.
- The environment must be age appropriate with the vaccination journey plotted “through the eyes of a child”. Pathway adjustments will have to be made to ensure the majority of the steps the child takes are in the same geographical location rather than asking the child to progress through a pathway. Reduced moving parts and new faces should be limited to remove potential anxiety inducing factors. If providers are running child slots alongside adult slots then additional consideration needs to be given to the environment to ensure it is able to equally facilitate a welcome to both children and adults.
- To aid distraction and diversion, providers will need to be able to promote and support the child bringing a favourite toy, technology etc. Staff should have access to and follow Infection Prevention and Control procedures on the management of this requirement. Age appropriate tools should be utilised to further enhance distraction and diversion, such as: bright posters, colourful walls, digital tools such as children’s TV, music.
- To facilitate effective communication and reduce tension, it is essential that appropriate time is allocated to the 5-11s, which can be longer than for older cohorts. Additional time will also need to be built in for SEND children, where appointments will take longer than the average.
- There should be processes in place to a) enable understanding of the communication needs of children and/or their parent/guardian., and b) meet communication needs such as Braille, BSL and community language support.
- To prevent a long wait, processes must facilitate maximum efficiency. Queuing increases anxiety and providers must set a maximum wait time and ensure this is managed and monitored appropriately. Sufficient staff should be available to support this.
- Sites need to have an awareness of background noise and how this can add to the anxiety and distress. The staff needs to be watchful of spikes in noise and ensure there are quite areas available for distressed children.
- The clinical lead will have an understand of the impact on the environment on the child and will be empowered to make the necessary adjustment
- Issues regarding looked after children are heightened within these age groups. Some children may be presenting to professionals for the first time since the onset of the pandemic and the notion that every contact counts is especially relevant.

## Clinical red lines for children aged 5-11 under National Protocol (5)



### **DBS checks:**

- All staff will require Enhanced DBS checking with child barred lists information to vaccinate the 5-11 cohort in educational settings.
- Registered healthcare professionals, unregistered vaccinators, healthcare support workers and those in the role of a vaccinator and post-vaccination observation will require Enhanced DBS checking with adult and child barred lists information for this cohort of children in VC, HH and LVS settings. Volunteer stewards will not require DBS checks for these cohorts coming through the aforementioned delivery pillars.
- There is a fast-track DBS service which can be accessed to support faster mobilisation of staff: [COVID-19: Free-of-charge DBS applications and fast-track Barred List check service - GOV.UK \(www.gov.uk\)](#). More information on the DBS requirements can be found [here](#).
- The NHS Employers employment check standards set out what the requirements are: [www.nhsemployers.org](http://www.nhsemployers.org)

# Workforce model requirements

# Workforce model requirements for 16-17 year olds under the National Protocol



The same workforce requirements will continue to apply as for the vaccination of adult population, but consideration does need to be given to additional legal checks and training requirements for the management of young people. The table below provides a summary of the workforce roles, minimum requirements and which staffing groups are appropriate to each role:

Vaccination stage & role required	Responsibility	Current programme's requirements for adults	Additional requirements for this cohort
Clinical Assessment & Consent	<ul style="list-style-type: none"> <li>Assess if the child is eligible for vaccination</li> <li>Ensure appropriate risk/benefit conversation and that child understands the vaccine info and address any concerns</li> </ul>	RHCP Patient can self-consent	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding training</li> <li>L2 standard in Paediatric BLS (in line with local policy)</li> <li>Having more challenging risk/benefit conversations</li> </ul>
Vaccine preparation	<ul style="list-style-type: none"> <li>Dilute and/or draw up the vaccine from the vial using aseptic technique</li> </ul>	Competent vaccinator	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding training</li> <li>L2 standard in Paediatric BLS (in line with local policy)</li> </ul>
Administration of vaccine*	<ul style="list-style-type: none"> <li>Administer vaccine using IM technique</li> </ul>	Competent vaccinator	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding training</li> <li>L2 standard in Paediatric BLS (in line with local policy)</li> <li>Administering IM injections to children</li> </ul>
Clinical supervision	<ul style="list-style-type: none"> <li>Oversee vaccine activity and be the clinical escalation point to be compliant with the national protocol</li> </ul>	Doctor, nurse or pharmacist competent in all aspects of the process	<p>The below requirements can be met by the same or multiple individuals:</p> <ul style="list-style-type: none"> <li>Doctor, nurse or pharmacist competent in all aspects of the process, including the competencies of all staff they supervise</li> <li>On-site registrant competent in dealing with and vaccinating young people to respond to any challenging situations</li> <li>Identified and immediately available (on-site or off-site) Safeguarding Lead who is trained to in L3 Safeguarding Children &amp; Adults</li> </ul>
Post vaccination observation*	<ul style="list-style-type: none"> <li>Observe child post vaccination and offer BLS when needed.</li> </ul>	Adult BLS	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding training</li> <li>L2 standard in Paediatric BLS (in line with local policy)</li> </ul>
Admin	<ul style="list-style-type: none"> <li>Patient and vaccine record keeping</li> </ul>	Unregistered staff	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding training</li> </ul>
Other roles	<ul style="list-style-type: none"> <li>Patient support</li> <li>Marshalling</li> </ul>	Unregistered staff or volunteers	Same requirement applies

**DBS checks:** The DBS service classifies a child as anyone under the age of 18 years of age. Advice from the Home Office has been given on the minimum DBS requirements needed to support the vaccination of 16-17 year olds across existing delivery models. More information can be found [here](#).

\*SJA volunteers do not meet the minimum training standards to be able to cover clinical roles and a decision has been made not to extend the national contracts for this staffing pool. More information can be found [here](#).

# Workforce model requirements for 12-15 year olds under National Protocol



The same workforce requirements will continue to apply as for the vaccination of adult population, but consideration does need to be given to additional legal checks and training requirements for the management of young people. The table below provides a summary of the workforce roles, minimum requirements and which staffing groups are appropriate to each role\*:

Vaccination stage & role required	Responsibility	Min standard requirements						Who can fill the role (with appropriate training competence)
		Paed Competent	IM Paed Competent	Paed BLS Competent	Aseptic non-touch technique competent	Safeguarding L2 Child & Adult Competent	RHCP only required	
Clinical Assessment & Consent	<ul style="list-style-type: none"> <li>Assess if the child is eligible for vaccination</li> <li>Ensure appropriate risk/benefit conversation and that child understands the vaccine info and address any concerns</li> </ul>	Yes	No	Yes	No	Yes	Yes	HCP
Vaccine preparation	<ul style="list-style-type: none"> <li>Dilute and/or draw up the vaccine from the vial using aseptic technique</li> </ul>	No	No	Yes	Yes	Yes	No**	HCP, HCAs, Unregistered vaccinators
Administration of vaccine	<ul style="list-style-type: none"> <li>Administer vaccine using IM technique</li> </ul>	Yes	Yes	Yes	No	Yes	No**	HCP, HCAs, Unregistered vaccinators
Clinical supervision	<ul style="list-style-type: none"> <li>Oversee vaccine activity and be the clinical escalation point to be compliant with the national protocol</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Doctor, nurse or a pharmacist
Post vaccination observation	<ul style="list-style-type: none"> <li>Observe child post vaccination and offer BLS when needed.</li> </ul>	Yes***	No	Yes	No	Yes	No	HCAs
Admin	<ul style="list-style-type: none"> <li>Patient and vaccine record keeping</li> </ul>	No	No	No	No	Yes	No	Admin, HCAs
Other roles	<ul style="list-style-type: none"> <li>Patient support</li> <li>Marshalling</li> </ul>	No	No	No	No	No	No	RVS, SJA

**Legal guidance should be followed for the provision of DBS checks. All staff will require specific DBS checks when working with different children cohorts in different vaccination settings.** More information can be found [here](#).

All staff undertaking roles within the vaccination programme will need to be signed off as competent locally by the relevant service provider this will enable experience to also be assessed.

\*Please note that the minimum standard requirements list in the table is **not** exclusive and only highlights key components. Please visit the next slides for complete training requirements.

\*\*Unregistered vaccinators with appropriate experience, training and competence sign-off.

\*\*\*Additional training in BLS for paediatrics.

# Workforce model requirements for 5-11 year olds under National Protocol (1)



When children 5-11 are vaccinated, consideration needs to be given to additional checks and training requirements to safely vaccinate this cohort. The table below provides a summary of the workforce roles, minimum requirements and which staffing groups are appropriate to each role\*:

Vaccination stage & role required	Responsibility	Key workforce requirements & who can fill this role	Who can fill this role
Clinical Assessment & Consent	<ul style="list-style-type: none"> <li>Assess if the child is eligible for vaccination</li> <li>Ensure appropriate risk/benefit conversation and that parent/child understands the vaccine info and address any concerns</li> </ul>	<ul style="list-style-type: none"> <li>Competent in handling delicate situations, having more challenging risk/benefit conversations, handling more complex consent situations and using the Gillick principle</li> <li>Competent in working with children (see <a href="#">next slide</a> for more detail)</li> <li>L2 Child &amp; Adult Safeguarding trained and have completed (as a minimum) the bespoke “Introduction to L3 Safeguarding Children (COVID-19 Vaccination)” training**</li> <li>Trained in L2 standard Paediatric BLS</li> </ul>	RHCPs
Vaccine preparation (non-child-facing)	<ul style="list-style-type: none"> <li>Dilute and/or draw up the vaccine from the vial using aseptic non-touch technique (ANTT)</li> </ul>	<ul style="list-style-type: none"> <li>Competent in diluting and drawing-up the right vaccine(s) using aseptic non-touch technique</li> <li>L2 Child &amp; Adult** Safeguarding trained</li> <li>Trained in L2 standard Paediatric BLS</li> </ul>	RHCP, HCAs, Unregistered vaccinators
Administration of vaccine	<ul style="list-style-type: none"> <li>Administer vaccine using IM technique</li> </ul>	<ul style="list-style-type: none"> <li>Competent in administering IM injections to children</li> <li>Competent in working with children (see <a href="#">next slide</a> for more detail)</li> <li>L2 Child &amp; Adult Safeguarding trained and have completed (as a minimum) the bespoke “Introduction to L3 Safeguarding Children (COVID-19 Vaccination)” training**</li> <li>Trained in L2 standard Paediatric BLS</li> </ul>	RHCP, HCAs, Unregistered vaccinators
Clinical supervision	<ul style="list-style-type: none"> <li>Oversee vaccine activity and be the clinical escalation point to be compliant with the national protocol</li> </ul>	<p>The below requirements can be met by the same or multiple individuals:</p> <ul style="list-style-type: none"> <li>Doctor, nurse or pharmacist competent in all aspects of the process, including the competencies of all staff they supervise</li> <li>On-site registrant competent in dealing with and vaccinating young people to respond to any challenging situations</li> <li>L2 Child &amp; Adult Safeguarding trained and have completed (as a minimum) the bespoke “Introduction to L3 Safeguarding Children (COVID-19 Vaccination)” training**</li> </ul>	Doctor, nurse or pharmacist / RHCP

**All staff will require enhanced DBS checks with child barred list information when working with this cohort in school or educational settings.** All staff undertaking roles within the vaccination programme will need to be signed off as competent locally by the relevant service provider this will enable experience to also be assessed.

\*Please note that the minimum standard requirements list in the table is **not** exclusive and only highlights key components. Please visit [slide 8](#) for complete training requirements.

\*\*There should also be an identified and immediately accessible (on-site or off-site) Safeguarding Lead who is trained to full Level 3 standard in Child Safeguarding. If all clinical staff are not at least trained in the “Introduction to L3 Safeguarding Children” then the Safeguarding Lead must be on-site. Please see [slide 8](#) for more information.

## Workforce model requirements for 5-11 year olds under National Protocol (2)



When children 5-11 are vaccinated, consideration needs to be given to additional checks and training requirements to safely vaccinate this cohort. The table below provides a summary of the workforce roles, minimum requirements and which staffing groups are appropriate to each role\*:

Vaccination stage & role required	Responsibility	Key workforce requirements & who can fill this role	Who can fill this role
Post vaccination observation	<ul style="list-style-type: none"> <li>Observe child post vaccination and offer BLS when needed</li> </ul>	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding trained</li> <li>Trained in L2 standard Paediatric BLS</li> </ul>	HCA's, Unregistered vaccinators
Admin	<ul style="list-style-type: none"> <li>Patient and vaccine record keeping</li> </ul>	<ul style="list-style-type: none"> <li>L2 Child &amp; Adult Safeguarding trained</li> </ul>	Admin, HCA's, Unregistered vaccinators
Other roles	<ul style="list-style-type: none"> <li>Patient support</li> <li>Marshalling</li> </ul>	N/A	DBS checked local volunteers, stewards

**All staff will require enhanced DBS checks with child barred list information when working with this cohort in school or educational settings.** All staff undertaking roles within the vaccination programme will need to be signed off as competent locally by the relevant service provider this will enable experience to also be assessed.

\*Please note that the minimum standard requirements list in the table is **not** exclusive and only highlights key components. Please visit the [slide 8](#) for complete training requirements.

# Training requirements

# Training requirements for vaccinating 16-17 year olds



The training requirements listed below are **in addition to** the standard training requirements for staff involved in COVID-19 vaccination of adults (a reminder can be found in the [appendix](#)). The training requirements only apply to specific staff who are participating in the clinical pathways vaccinating 16-17 year olds, not necessarily all staff working at a site.

## 1. Safeguarding:

- RHCPs should at least provide a self-declaration of compliance with L2 Child Safeguarding training and L2 Adult Safeguarding training.
- Unregistered staff should provide evidence of completion of L2 Child Safeguarding and L2 Adult Safeguarding training in line with local policy.
- There should be an identified and immediately available (on-site or off-site) Safeguarding Lead who is trained to a Level 3 standard in Safeguarding Children and Safeguarding Adults in line with local policy.
- Staff should be aware of the [Safeguarding app](#) and resources available within the app.

## 2. Basic Life Support:

- Prior to vaccinating children, there should be a minimum of 1 clinical (RHCP) and 1 other staff member on duty for each shift who is trained to a L2 standard in Paediatric BLS. Within 4 weeks, all clinical staff should be trained to a L2 standard in Paediatric BLS. Delivery of this training is down to local determination based on local policy. As a minimum staff are able to follow [First Responder guidance](#) and local risk assessments should be in place to determine any additional requirements beyond this.
- If available, clinical staff should also be trained in how to use the available defibrillator (not specifically to children).
- Non-clinical staff are not required to complete Paediatric BLS training.

## 3. Consent:

- Locally determined training refresher for RHCPs conducting the consent task to include mental capacity and the role of legal guardians, and ensuring staff understand that this cohort can self-consent and that they are appropriately informed to consent.\*\*

## 4. Handling difficult conversations:

- RHCPs conducting clinical assessment should be appropriately trained\*\* so they are competent in having more challenging risk/benefit conversations and handling delicate situations (e.g. in situations where the child is accompanied by a parent and needs to answer the question around pregnancy).

## 5. IM injection administration:

- All vaccinators, unless they can demonstrate they are previously trained, need to have received face-to-face training\* in administering IM injections to children. This needs to include vaccinating into less developed deltoid muscles and managing a restless individual.

## 6. Responding to psychogenic reactions to needles:

- There needs to be an identified and immediately available clinician with competence\*\* in responding to psychogenic reactions, such as fainting, which occur more commonly in younger cohorts. It would also be beneficial for Vaccinators to also be trained in responding to psychogenic reactions.

## 7. Working with children with special educational needs and disabilities.

- For sites vaccinating children with special educational needs and disabilities then all clinical staff need to have the skill and competence\*\* to care for this group of patients.

\* This may be through a period of supervision before the individual is deemed competent.

\*\* Locally determined.

# Training requirements for vaccinating 12-15 year olds



The training requirements listed below are **in addition to** the standard training requirements for staff involved in COVID-19 vaccination of adults (a reminder can be found in the [appendix](#)). The training requirements only apply to specific staff who are participating in the clinical pathways vaccinating 12-15 year olds, not necessarily all staff working at a site.

## 1. Safeguarding:

- RHCPs should at least provide a self-declaration of compliance with L2 Child Safeguarding training and L2 Adult Safeguarding training.
- Unregistered staff should provide evidence of completion of L2 Child Safeguarding and L2 Adult Safeguarding training in line with local policy.
- There should be an identified and immediately available (on-site or off-site) Safeguarding Lead who is trained to a Level 3 standard in Safeguarding Children and Safeguarding Adults in line with local policy.
- Staff should be aware of the [Safeguarding app](#) and resources available within the app.

## 2. Basic Life Support:

- Prior to vaccinating children, there should be a minimum of 1 clinical (RHCP) and 1 other staff member on duty for each shift who is trained to a L2 standard in Paediatric BLS. Within 4 weeks, all clinical staff should be trained to a L2 standard in Paediatric BLS. Delivery of this training is down to local determination based on local policy. As a minimum staff are able to follow [First Responder guidance](#) and local risk assessments should be in place to determine any additional requirements beyond this.
- If available, clinical staff should also be trained in how to use the available defibrillator (not specifically to children).
- Non-clinical staff are not required to complete Paediatric BLS training.

## 3. Capacity and consent for children:

- RHCPs conducting clinical assessment and consent should be appropriately trained\*\* so they are competent in having more challenging risk/benefit conversations and dealing with more complex consent situations. They should also be trained and competent in the use of the Gillick principle.

## 4. Handling difficult conversations:

- RHCPs conducting clinical assessment should be appropriately trained\*\* so they are competent in having more challenging risk/benefit conversations and handling delicate situations (e.g. in situations where the child is accompanied by a parent and needs to answer the question around pregnancy).

## 5. IM injection administration:

- All vaccinators, unless they can demonstrate they are previous trained, need to have received face-to-face training\* in administering IM injections to children. This needs to include vaccinating into less developed deltoid muscles and managing a restless individual.

## 6. Responding to psychogenic reactions to needles:

- Prior to vaccinating children, there needs to be an identified and immediately available clinician with competence\*\* in responding to psychogenic reactions, such as fainting. Within 4 weeks, all Vaccinators should have received training in responding to psychogenic reactions.

## 7. Training on working with children:

- Prior to vaccinating children, there needs to be an identified and immediately available member of staff trained to deal with challenging behaviours such as needle phobia, anxiety, hysteria and misbehaviour. Within 4 weeks, all clinical staff should have been trained\*\* to deal with challenging behaviours such as needle phobia, anxiety, hysteria and misbehaviour.

## 8. Working with children with special educational needs and disabilities.

- For sites vaccinating children with special educational needs and disabilities then all clinical staff need to have the skill and competence\*\* to care for this group of patients.

\* This may be through a period of supervision before the individual is deemed competent.    \*\* Locally determined.

# Training requirements for vaccinating 5-11 year olds

UK HSA set the [training recommendations for COVID-19 Vaccinators](#). These recommendations relate to **any individual who is involved in the clinical vaccination process (clinical assessment, vaccine preparation and vaccine administration)**. Training requirements depend on registration status and experience, as set out in [Appendix A of the recommendations](#). The [training pathways](#) developed by the programme are based on these recommendations.

The training requirements for vaccinations of 5-11 year olds below are **in addition to** the [training requirements for adult vaccinations and 12-15 year olds vaccinations](#).

Additional competency requirements for vaccinations of 5-11 year olds	Roles					
	RHCPs	Unregistered vaccinators	Clinical supervision	Admin support	Post-vaccination observation	Other roles (patient support / marshals)
Trained and competent in using the relevant vaccine for this age group *	Yes	Yes	Yes	No	No	No
Competence in working with children: ( <i>GOSH module available <a href="#">here</a></i> ) <ul style="list-style-type: none"> <li>Distraction and diversion techniques (<i>resource available <a href="#">here</a></i>)</li> <li>Adapting communication skills to be effective with children aged 5-11</li> <li>Reassuring distressed children, their families or carers</li> <li>Rapidly establishing rapport with the child (and their accompanying adult if present) and instil confidence and trust</li> <li>Effective listening skills and observing non-verbal behaviours in children</li> </ul>	Yes	Yes	Yes	No	No	No
Understanding of the law regarding consent for this age group and foster children in this situation ( <i>resource available <a href="#">here</a></i> )	Yes	Yes	Yes	No	No	No
Have completed (as a minimum) the bespoke " <a href="#">Introduction to L3 Safeguarding Children (COVID-19 vaccination)</a> " training **	Yes	Yes	Yes	No	No	No

Clinical Leads will also need to understand of the impact on the environment on the child and will be empowered to make necessary adjustments (*guidance resource available [here](#)*).

\*Staff will need to complete the new e-learning module (to be developed) for the paediatric vaccine. They will also need to be signed-off as competent in drawing-up the correct dose and administering to this age group.

\*\*All clinical staff to have undertaken the full L3 Child Safeguarding training (as defined in the [Intercollegiate document](#)); **OR** All clinical staff to have watched the 15min bespoke "[Introduction to L3 Child Safeguarding \(COVID-19 vaccination\)](#)" video (and familiarised themselves with the NHS Safeguarding App and local safeguarding policy) **and** an identified and immediately available (**on-site or off-site**) Safeguarding Lead who is fully trained to L3 standard; **OR** Where it is not possible to train all clinical staff to at least *Introduction to L3* level, then sites must have an identified and fully L3 trained individual **on-site** for the duration of the 5-11 clinic.

# Available Training Resources



The below table includes a list of nationally available training products which may be used to support training of staff for phase three child vaccinations. Please note the below products are options which may be used, however training should be delivered in accordance with local policies. Additional supporting training products are listed in the full [training products list](#).

Training Component	Training Product / Supportive Material
<b>Safeguarding</b>	<a href="#">NHS Safeguarding app</a>
	<a href="#">Safeguarding Children (Level 2) e-learning</a>
	<a href="#">Safeguarding Adults (Level 2) e-learning</a>
	<a href="#">Introduction to Level 3 Safeguarding Children (COVID-19 Vaccination) (new!)</a>
<b>Paediatric BLS</b>	<a href="#">UK HSA COVID-19: Guidance for First Responders</a>
	<a href="#">Resuscitation Paediatric (Level 2) e-learning</a>
	<a href="#">Resus Council UK: Paediatric Out-of-hospital Basic Life Support Algorithm 2021</a>
	<a href="#">London Ambulance Service: How to use a defibrillator</a>
	<a href="#">St John Ambulance: How to use a defibrillator</a>
<b>Consent</b>	<a href="#">UK HSA: The Green Book, Chapter 2 (Consent)</a>
	<a href="#">Capacity and Consent e-learning</a>
<b>Managing Fainting</b>	<a href="#">NHS: How to put someone in the recovery position</a>
	<a href="#">NHS: Causes, symptoms and management of fainting</a>
	<a href="#">St John Ambulance: Causes, symptoms and treatment of fainting</a>
	<a href="#">Devon CCG: Guidance for managing fainting at vaccination sites</a>
	<a href="#">Guy's &amp; St Thomas' NHS Foundation Trust: Overcoming your needle phobia</a>
<b>Supporting children during vaccinations</b>	<a href="#">Top tips for supporting children and young people during vaccination</a>
	<a href="#">Great Ormond Street Hospital e-learning module: Managing paediatric anxiety during COVID-19 vaccination</a>
	<a href="#">COVID-19 Distraction techniques for child vaccinations (new!)</a>
	<a href="#">COVID-19 Guidance for Clinical Leads on adapting the vaccination environment for children (new!)</a>

# Minimum DBS clearance requirements

# Minimum DBS clearance requirements for child vaccination



Role	Role is provided by	Responsibility	Minimum DBS clearance requirement					
			Current state vaccination programme*	Vaccination of 16-17 year olds**	Vaccination of 12-15 year olds (in VC, HH or LVS settings)**	Vaccination of 12-15 year olds (in schools or educational settings)**	Vaccination of 5-11 year olds (in schools educational settings)	Vaccination of 5-11 year olds (in VC, HH or LVS settings)
<b>Volunteer Stewards</b>	<ul style="list-style-type: none"> <li>Royal Voluntary Service</li> </ul>	<ul style="list-style-type: none"> <li>Welcoming patients to the centres</li> <li>Marshalling through the site</li> </ul>	Not DBS checked					Not DBS checked
<b>Registered Healthcare Practitioner</b>	<ul style="list-style-type: none"> <li>NHS bank or substantive staff</li> <li>Agency workers</li> </ul>	<ul style="list-style-type: none"> <li>Clinical assessment and consent</li> <li>Vaccine preparation (dilution and draw up of the vaccine)</li> <li>Vaccine administration using IM technique</li> <li>Clinical supervision</li> </ul>	Enhanced DBS check with adults barred lists information	Enhanced DBS check with adult and child barred lists information	Enhanced DBS check with adult and child barred lists information	Enhanced DBS check with child barred lists information	Enhanced DBS check with child barred lists information	Enhanced DBS check with adult and child barred lists information
<b>Unregistered vaccinators</b>	<ul style="list-style-type: none"> <li>NHS bank or substantive staff</li> <li>NHS Professionals</li> <li>Agency workers</li> </ul>	<ul style="list-style-type: none"> <li>Vaccine preparation (dilution and draw up of the vaccine)</li> <li>Vaccine administration using IM technique</li> </ul>						
<b>St John Ambulance volunteers</b>	<ul style="list-style-type: none"> <li>St John Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>Vaccine preparation (draw up of the vaccine)</li> <li>Vaccine administration using IM technique</li> <li>Post vaccination observation</li> </ul>						
<b>Healthcare support workers</b>	<ul style="list-style-type: none"> <li>NHS bank or substantive staff</li> <li>Agency workers</li> </ul>	<ul style="list-style-type: none"> <li>Vaccine preparation (dilution and draw up of the vaccine)</li> <li>Vaccine administration using IM technique</li> <li>Post vaccination observation</li> </ul>						
<b>Admin</b>	<ul style="list-style-type: none"> <li>NHS bank or substantive staff</li> <li>Agency workers</li> </ul>	<ul style="list-style-type: none"> <li>Welcoming patients to the centres</li> <li>Patient and vaccine record keeping</li> </ul>	Basic disclosure					Basic disclosure

\*More details can be found in [Appendix 1](#).

\*\*Home Office agreed to enable staff to demonstrate enhanced DBS checks with child barred lists only when delivering the vaccination in school settings. Adult barred lists are still needed when deployed in other delivery pillars when adult vaccination is in place alongside children (i.e. VCs, HHs, LVSs).

# Appendix

## Appendix 1:

# Disclosure and Baring Service checks – Current programme assumptions



The DBS free and fast track service is strictly limited to regulated activity and where healthcare is being delivered by a registered healthcare professional, or under the direction or supervision of a registered healthcare professional. Latest advice suggests those administering the vaccine would fall under this definition and would therefore be eligible for a free and fast track DBS. However, the need to obtain a check is dependent on the factors outlined below:

Workforce	DBS guidance
<b>Healthcare workers already working in the NHS</b>	<ul style="list-style-type: none"><li>• Staff who have had a DBS check within the last three years, or are subscribed to the DBS Update Service, do not need to be rechecked.</li><li>• Where this is not the case, eg the DBS check was carried out more than three years ago, or their original disclosure showed offences that might need to be considered, then consideration must be given as to whether a new check would be required.</li><li>• Those newly recruited to the NHS to work in regulated activity will be eligible for a free and fast track check.</li></ul>
<b>Support roles (non-regulated activity)</b>	<ul style="list-style-type: none"><li>• Recruitment to non-regulated role may require DBS check.</li><li>• Although there is no equivalent fast track service for support roles, provisions are in place to enable them to start work or volunteer under supervision, until their disclosure is received (in line with lead employer processes).</li><li>• NHS Employers has produced a guide outlining a range of <u>role based scenarios</u> and eligibility for different levels of check.</li></ul>
<b>Recruitment through NHS Professionals</b>	<ul style="list-style-type: none"><li>• The national contract requires that all staff and workers recruited by NHS Professionals will be DBS checked.</li></ul>
<b>Volunteers</b>	<ul style="list-style-type: none"><li>• Royal Voluntary Service volunteers will not be conducting regulated activity and will not be subject to a DBS check.</li><li>• St John Ambulance are likely to have had DBS clearances but assurance will be required. SJA is contracted to DBS to check their staff.</li></ul>

DBS guidance on COVID-19 roles which would be eligible for this type of check can be found on [gov.uk](https://www.gov.uk).

## Appendix 2:

# Training requirements for COVID-19 vaccination of adults



Public Health England (PHE) set out National Minimum Standards for Core Curriculum for Immunisation Training for [Registered Healthcare Professionals](#) and [Healthcare Support Workers](#) and the [training recommendations for COVID-19 Vaccinators](#). These recommendations relate to any staff member or volunteer who is involved in the vaccination process (clinical assessment, vaccine preparation, administration or record keeping) or is responsible for supervising vaccination activity. The training requirements differ depending on their registration status and previous experience, as set out in [Appendix A of the recommendations](#). The [training pathways](#) developed by the programme are based on these recommendations.

The training set out in the PHE recommendations includes:

- Core Immunisation training (vaccine storage, vaccine administration and legal aspects);
- COVID-19 Vaccination e-learning (Core Knowledge and vaccine-specific sessions and assessments);
- Anaphylaxis and BLS training;
- IM injection training;
- Statutory/mandatory training as mandated by the employer;
- Face-to-face/virtual training about the COVID-19 vaccination programme is recommended to provide the opportunity for Q&A.

All staff and volunteers should receive a [site onboarding](#) covering site-specific health and safety, fire safety, IPC policy, PPE requirements, equipment familiarisation and IT system training as appropriate to their role.

Individuals then need to be signed-off against the [PHE COVID-19 Vaccinator Competency Assessment Tool](#) – for inexperienced vaccinators this should include a period of supervised practice and sign off by a RHCP who is experienced in vaccination, whilst experienced vaccinators may complete a self-assessment.

# Appendix 3: St John Ambulance Volunteers involved in the vaccination of children



- St John Ambulance (SJA) volunteers have formed an essential part of the COVID-19 vaccination workforce in phases one and two of the programme and will continue to support delivery in phase three through delivery of the vaccination of the adult population for flu and COVID-19. It is not intended that SJA will support the vaccination of children (12-17 years of age) due to the increased training and competency sign-off requirements. Therefore, vaccination of children are outside of the scope of the current national SJA contract.
- The national guidance continues to be any volunteer needs to be trained and competent to the same minimum training standards as paid workforce to support delivery of the vaccination programme. The established national standards required for staff to be able to deliver the vaccination to this cohort are summarised below and can be found in the [Children Self Assessment Checklist Part A](#) and [Workforce Considerations for Phase 3 Children's Vaccination](#).
- There was a recent ask to reassess this decision for the consideration of children 12-17 years of age. SJA Volunteers currently have SJA 'Introduction to Safeguarding' training (L1 equivalent), compression-only CPR training and competence in administering IM injections to adults, and are not trained in working with children, which does not meet the minimum national standards to support vaccinations of 12-17 year olds, as evidenced in the table below:

National standards for unregistered clinical staff supporting vaccinations of 12-17y olds*		SJA Clinical Volunteers - existing training*	Does it meet clinical red lines?
<b>Safeguarding</b>	L2 Child & Adult Safeguarding trained	Trained in L1 equivalent SJA Safeguarding	No
<b>Basic Life Support (BLS)</b>	L2 Paediatric BLS trained	Trained in compression-only CPR training	No
<b>IM injection administration (Vaccinators only)</b>	Competence in administering IM injections to children	Competence in administering IM injections to adults	No
<b>Working with children (12-15s only)</b>	Competence in working with children and managing challenging behaviours and anxiety	Not trained in working with children	No
<b>Responding to psychogenic reactions</b>	Competence in managing fainting	Trained in recognising and treating faints	Yes
<b>Supporting children with SEND or physical disabilities</b>	Competence caring for this group	Trained in caring for people with anxiety, learning disabilities or physical impairments	Yes
<b>DBS checks</b>	Enhanced clearance with barred child list	Enhanced clearance with barred child list	Yes

- Therefore, the national team has evaluated the ask and determined that the national SJA contract will not extend to be able to support the vaccination of 12-17 year olds.** If, however, local variation is considered, local governance arrangements and risk assessment should be undertaken to ensure the safety of this cohort, as volunteers are unable to receive further top-up training through national contracts. There will also be the requirement to put a local contract in place with SJA in addition to a subcontract, ensure appropriate training and guidance are delivered locally to meet the national standards, therefore allowing volunteers to be suitable for the role, and appropriate indemnity is put in place. The responsibility for these requirements would sit entirely with the system putting the contract in place.

30 \*These requirements refer to the clinical roles the SJA Volunteers could be considered for (i.e. Vaccinator and Post-Vaccination Observation). There are no additional paediatric training requirements at level for the Patient Advocate role.

## Appendix 4: Frequency of Statutory/Mandatory Training Refresh

Frequency of statutory/mandatory training refresh is determined based on local policy.

The recommended frequency for refreshment of statutory/mandatory training outlined in the [UK Core Skills Training Framework](#) is listed below.

Subject	Level	Recommended frequency of training refresh
Equality, Diversity & Human Rights	Level 1	3 years
Health, Safety & Welfare	Level 1	3 years
Conflict Resolution	Level 1	3 years
Fire Safety	Level 1	2 years + covered in site induction whenever starting at a new site
Infection Prevention & Control	Level 1	3 years
	Level 2	1 year
Moving & Handling	Level 1	3 years
Safeguarding Adults	Level 1	3 years
	Level 2	3 years
	Level 3	3 years
Safeguarding Children	Level 1	3 years
	Level 2	3 years
	Level 3	3 years
Resuscitation	Level 1	1 year
	Level 2 Adults	1 year
	Level 2 Paediatric	1 year
Data Security Awareness (Information Governance)	Level 1	1 year
Preventing Radicalisation	Level 1	3 years

*Please note: Staff recruited through NHS Professionals are required to provide evidence of completion of relevant statutory/mandatory e-learning modules within the past 12 months.*