Vaccination of Children and Young People

Readiness check-lists combined A, B & C for the children cohorts

Please use the following check list to identify any potential gaps in service provision for vaccinating eligible under 18s. The criteria have been developed through consultation with subject matter experts and discussion with the CQC. The checklist identifies the essential elements that need to be in place to vaccinate children. It is recommended that sites use the checklist to assess their position.

It is not designed to be a pass/fail document but acts as a tool to help identify any corrective action that may be necessary in advance of vaccinating children.

Site name	ICS
Person Completing the check list	Date

Each section has the standards required of checklist A, B and C. Updates to previous versions are highlighted in yellow.

Sections

- Safeguarding
- Consent
- Staff/Workforce
- Environment & Other
- Emergency preparedness
- Legal Framework

Part A - Children 16 & 17 years of age

This checklist applies to all eligible children aged 16 & 17 years. Please refer to the Green Book for details of who is eligible.

Part B – Children 12-15 years of age

This checklist applies to all eligible children aged 12-15 years. Please refer to the Green Book for details of who is eligible.

Part C - Children 05 - 11 years of age

This checklist applies to all eligible children aged 05-11 years. Please refer to the Green Book for details of who is eligible.

SAFEGUARDING STANDARDS

Safeguarding Checklist A 16 & 17s
The following safeguarding standards are required to be in place prior to the vaccination of 16- & 17-year olds.

Safeguarding – Standards on Checklist A	Yes	No	N/A
The following need to be in place prior to vaccinating children			
• All staff (excluding volunteer stewards) need to have L2 child safeguarding training and L2 adult safeguarding training as determined by local policy, this could be a self-declaration for Registered Healthcare Professionals. On line training is available here and takes approximately 40 minutes for each element.			
• There needs to be an identified and immediately available Safeguarding Lead who is trained to a Level 3 standard in safeguarding children and safeguarding adults as determined by local policy. Access may be on or off site.			
• Local safeguarding guidance needs to be in place that clearly identifies how to refer into MASH and Social Care. Staff need to be aware of the guidance.			
• Local safeguarding guidance needs to identify who and how to contact local designates. Staff need to be aware of the guidance.			
• Staff need to be aware of the Safeguarding App and the resources available within the App Details and links to the App can be found on the following link here.			
• Registered healthcare professionals, unregistered vaccinators, healthcare support workers and those in the role of a vaccinator and post-vaccination observation have Enhanced DBS checking with adult and child barred lists information for this cohort of children. Admin staff will require basic disclosure and volunteer stewards will not require DBS checks.			

Safeguarding Checklist B 12-15s
The following safeguarding standards are required to be in place prior to the vaccination of 12-15-year olds.
In addition to all of Part A of the checklist

Safeguarding – Standards on Checklist B	Yes	No	N/A
• All staff (paid and unpaid) have in place an enhanced DBS check against the children's barred list information for the vaccination of children 12-15 years in schools or educational settings.			
• Registered healthcare professionals, unregistered vaccinators, healthcare support workers and those in the role of a vaccinator and post-vaccination observation have Enhanced DBS checking with adult and child barred lists information when vaccinating			

	this cohort in VC, HH and LVS settings. Admin staff will require basic disclosure and volunteer stewards will not require DBS checks.			

Safeguarding Checklist C 05-11s
The following safeguarding standards are required to be in place prior to the vaccination of 05-11-year olds.
In addition to all of Part A and Part B of the checklists

Introduction
Additional safeguarding standards have been applied as there are specific nuances within the child group that have not applied to the older person. For example, the Gillick principle and for the majority of children in the 05-11-year groups their need to have parental consent. Issues regarding looked after children are heightened within these age groups and this is within a context of Covid-19 generating an increase in safeguarding issues. 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.

Safeguarding Standards on Checklist C	Yes	No	N/A
• Same standard as Checklist B for DBS checks. Registered healthcare professionals, unregistered vaccinators, healthcare support workers and those in the role of a vaccinator and post-vaccination observation have Enhanced DBS checking with adult and child barred lists information when vaccinating this cohort in VC, HH and LVS settings. Admin staff will require basic disclosure and volunteer stewards will not require DBS checks.			
• All clinical roles (**consenter, vaccinator, clinical supervisory roles**) o need to have undertaken the full L3 children training as defined by the Intercollegiate document (link here). The on line training modules are here. L3 standard needs to be evidenced by all staff declaring they are compliant. Or o have completed as a minimum the bespoke training "Introduction to L3 safeguarding children (Covid-19 Vaccination)". This is a national MOOC of approximately 1hr set up specifically for this purpose) and the training is available here. There also needs to be an identified and immediately available Safeguarding Lead who is fully trained to a full Level 3 standard in safeguarding children and safeguarding adults as determined by local policy. Access may be on or off site. This standard applies if there is a mix of staff who have undertaken full L3 and the Introduction to L3 Safeguarding Children (Covid-19 vaccination) training. Or o where it is not possible to train every clinician to at least L3 "light" then sites must have a fully trained L3 individual on-site for the whole duration of the 05-11 clinic. This can-not be a remote role and they will assume accountability for safeguarding at the site for the duration of the clinic.			

CONSENT STANDARDS

Consent Checklist A 16 & 17s
The following consent standards are required to be in place prior to the vaccination of 16- & 17-year olds.

Consent – Standards on Checklist A	Yes	No	N/A
The following need to be in place prior to vaccinating children			
• Consent must be undertaken by a registered healthcare professional (as already outlined in the National protocol).			
• Locally determined refresher training for staff undertaking consent. This needs to include mental capacity and the role of legal guardians. It also needs to ensure staff understand that 16-17 year olds can self-consent and that the children are appropriately informed to consent.			
• 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.			
• There needs to be a mechanism of recording that information was received and understood.			
• Staff understand the importance of making a check to ensure children with severe neuro-disabilities who live in specialised residential settings have not received the vaccine already and if so, are they complete with appropriate level of doses required.			
• If sites have opted to undertake advanced completion of consent questions, then these need to be undertaken no more than 48hrs in advance of vaccination[1].			

Consent Checklist B 12-15s
The following consent standards are required to be in place prior to the vaccination of 12-15-year olds.
In addition to all of Part A of the checklist

Consent – Standards on Checklist B	Yes	No	N/A
• If vaccinating 12-15-year olds appropriate procedures must be in place to ensure that parental consent is sought prior to vaccination			
• If vaccinating 12-15-year olds the staff undertaking consent must be trained and competent in the use of the Gillick principle[2].			

• If vaccinating12-15-year olds, the RHCP obtaining consent must have experience of managing children (experience to be locally determined). *This is to ensure competence in communicating with children and could include parental experience or periods of shadowing and supervision.*			
• If vaccinating12-15-year olds, Information must be given at a different point in time to the gaining of consent.			
• If re-consenting parents/child who already engaged with the programme (such as previously consented for a 1st dose) then any additional information can be provided at any point, providing it is prior to vaccination and the parent/child has the time to consider the information.			
• If vaccinating12-15-year olds, information must be multimodal (delivered through a variety of delivery mechanisms)			

Consent Checklist C 05-11s

The following consent standards are required to be in place prior to the vaccination of 05-11 year olds.
In addition to all of Part A and Part B of the checklists

Introduction

The term parent and responsible adult is used throughout the document but in the context of consent this refers to the adult with the legal authority to give consent.

Consent – Standards on Checklist C	Yes	No	N/A
• Providers will need to ensure, when appropriate, that procedures must be in place to ensure consent is obtained from a person who also has the legal authority to consent on behalf of the child prior to vaccination. Guidance is available here			
• Whilst the Gillick principle is unusual in the 05-11 age group it can still be applied when appropriate. Therefore, if vaccinating 05-11-year olds the staff undertaking consent must also be trained and competent in the use of the Gillick principle.			
• Vaccinators and those obtaining consent must also ensure they understand the law regarding consent and foster (LAC) children in this situation. Guidance is available here.			
• Providers must have a process/agreement in place that enables them to access further support in assisting with complex situations regarding consent.			
• Similar to the standard within checklist B, if vaccinating 05-11-year olds the RHCP obtaining consent must have experience of managing children (experience to be locally determined). *This is to ensure competence in communicating with children and could include parental experience or periods of shadowing and supervision.*			
• Information must have been given in advance of the vaccination. As parents are being encouraged to attend with their child this does not necessarily need to be in advance of the day. However, if vaccinating 05-11s the family must have been given sufficient time to consider/discuss the information as a family (at least one parent and the child).			

• Similar to the standard within checklist B, if vaccinating 05-11-year olds, information must be multimodal (delivered through a variety of delivery mechanisms) and providers may wish to consider the assistance of Makaton. Link here			
• Any provider written material for children needs to have consideration for the maximum reading age standard. This is around 5 years for this age group (the standard for adults is 8 years).			

STAFF/WORKFORCE STANDARDS

Staff Checklist A 16 & 17s

The following workforce standards are required to be in place prior to the vaccination of 16- & 17-year olds.

Staff – Standards on Checklist A	Yes	No	N/A
The following need to be in place prior to vaccinating children			
• 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.			
• If vaccinating 16-17-year olds, the vaccinator must be a registered or unregistered vaccinator under the supervision of a registered healthcare professional, as per the requirements for the adult cohort.			
• The supervisor must be 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.			
• 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 a less developed deltoid muscles and managing the restless child.			
• There needs to be an identified and immediately available clinician with competence in responding to psychogenic reactions, such as fainting.			
• Have a process in place for ensuring children with special educational needs and disabilities (SEND) or physical disabilities receive an appropriate level of service and care for settings where this client group is being seen.			
• Mechanisms need to be in place to ensure reasonable adjustments are made for autistic children and those with a disability. Information is available here.			
The following needs to be in place within four weeks of commencement of children vaccines			
• For sites vaccinating children with special educational needs and disabilities then all clinical staff (RHCPs and vaccinators) need to have the skill and competence to care for this group of patients.			

Staff Checklist B 12-15s

The following workforce standards are required to be in place prior to the vaccination of 12-15 year olds.
In addition to all of Part A of the checklist

Staff – Standards on Checklist B	Yes	No	N/A
• If vaccinating 12-15-year olds, the vaccinator must be o a paediatric trained registered nurse, **or** o another individual who can demonstrate NVQ L3-L4 (or equivalent and includes other RHCP staff). This group need to have evidence of competence of working in a healthcare setting and giving IM injections to children and managing distressed children.			
• If vaccinating 12-15-year olds, 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.			
The following needs to be in place within four weeks of commencement of children vaccines			
• If vaccinating 12-15-year olds, all vaccinators must have received training in responding to psychogenic reactions, such as fainting.			
• If vaccinating 12-15-year olds, all clinical staff need to be trained to deal with challenging behaviours such as needle phobia, anxiety, hysteria and misbehaviour.			

Staff Checklist C 05-11s
The following workforce standards are required to be in place prior to the vaccination of 05-11-year olds.
In addition to all of Part A and Part B of the checklists

Staff – Standards on Checklist C	Yes	No	N/A
• Similar to the standard in checklist B, if vaccinating 05-11-year olds, the vaccinator must be o a paediatric trained registered nurse Or o another registered or unregistered individual who can demonstrate NVQ L3-L4 (or locally determined equivalent and includes other RHCP staff). This group need to have evidence of competence of working in a healthcare setting and giving IM injections to children and managing distressed children. Or o have been participating in the vaccination programme and have competence (developed through experience) at vaccinating 12-18s			
• All staff in a clinical role will need to have highly developed communication skills and will be competent at; o distraction and diversion techniques			

○ adapting communication skills to be effective with all children between the ages of 05-11 ○ 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 Link to elfh training module here and link to distraction technique support material here.			
• All staff in clinical roles will be able to access senior support to assist with challenging/difficult conversations.			
• Senior support needs to be experienced in children but does not necessarily need to be a paediatric trained professional. However, agreements and pathways need to be in place to allow clinicians to rapidly access specialist advice and support from a paediatric professional when necessary.			
• For sites vaccinating children with special educational needs and disabilities (SEND) then all clinical staff (RHCPs and vaccinators) need to have the skill and competence to care for this group of patients.			

ENVIRONMENT[3] AND OTHER STANDARDS

Environment and Other Processes Checklist A 16 & 17s

The following Environment and general standards are required to be in place prior to the vaccination of 16- & 17-year olds.

Environment & Other Processes – Standards on Checklist A	Yes	No	N/A
The following need to be in place prior to vaccinating children			
• Must have the physical space to be able to provide 15-minute post vaccination observation.			
• Appropriate and sufficient escalation points (clinical and non-clinical check points) must be in place to ensure patient safety at all stages of the process and to be defined at local level.			
• Consideration needs to be given for managing disclosure from the child and for handling more sensitive topics such as questions around pregnancy and the privacy afforded by the physical space.			
• 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.			

Environment and Other Checklist B 12-15s

The following environment and general standards are required to be in place prior to the vaccination of 12-15-year olds.
In addition to all of Part A of the checklist

Environment & Other Processes – Standards on Checklist B	Yes	No	N/A
• If undertaking the vaccination of the Clinically Extremely Vulnerable children in a setting other than a PCN site, then this must be[4]; o planned with regional colleagues o in a dedicated session/clinic for this group of patients unless the parent or child has made the choice to self-book through the National booking Service o resourced with a senior clinician with experience and competence in meeting the needs of this group of patients o resourced with guidance on how to manage the unaccompanied child and on the need to check for previous vaccination record It is also advised that the local pathway/delivery model is designed with local learning disability experts.			

Environmental and Other Checklist C 05-11s

The following environment and general standards are required to be in place prior to the vaccination of 05-11 year olds.
In addition to all of Part A and Part B of the checklists

Environment & Other Processes - Standards on Checklist C	Yes	No	N/A

• 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.
  ○ In children not identified at risk this is likely to be a person identified by the parent
  ○ In children identified at risk and with parent permission this could be a teacher within a special school setting
 	
Providers will also need to have a process guiding staff and volunteers how to manage/advise children who arrive without a responsible adult.			

• To aid distraction and diversion, providers will need to be able to promote and support the child bringing a favourite toy, technology etc. Infection Prevention and Control procedures will also need to guide staff on the management of this requirement.			
• Where possible, providers to be able to offer alternative models, such as walk-in, drive through, that permit the vaccination of siblings together and not splitting young children who are having the same experience.			
• To facilitate effective communication and reduce tension it is essential that appropriate time is allocated to the 05-11s. As a minimum this will be longer than the time allocated to the over 12s and a suggestion of at least ten minutes. Additional time will also need to be built in for SEND children, where appointments will take longer than the average.			
• 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 accordingly and appropriately monitored and audited.			
• The environment must contain tools that facilitate distraction conversations (for example, bright posters, digital assets such as children's TV, music).			
• If providers are running child slots alongside adult slots then additional consideration needs to be given to the environment to ensure it is neutral and does not have an adult emphasis (such as posters targeting adult health) and equally supports children and adults. If unsure, use GP surgeries as a reference as the environmental requirements are also applicable to these areas. Providers need to plot the vaccination journey "through the eyes of a child" and make the appropriate adjustments.			
• A quiet area for distressed children is ideal. If providers are unable to provide this, they will need to demonstrate how they can comfort a distressed child and parent away from the observation of others.			
• Sites need to have an awareness of background noise and how this can add to the anxiety and distress. Ideally background noise needs to be kept below 70 dba and the site management team needs to be watchful of spikes in noise and manage the situation.			
• Pathway adjustments will have been made to ensure the majority of the steps are taken to the child in the same geographical location rather than asking the child to progress through a pathway.			
• If undertaking the vaccination of children identified at high risk in a setting other than a PCN site, then this must be/have; ○ planned with regional colleagues			

○ in a dedicated session/clinic for this group of patients unless the parent or child has made the choice to self-book through the National booking Service ○ resourced with a senior clinician with experience and competence in meeting the needs of this group of patients ○ resourced with guidance on how to manage the unaccompanied child and on the need to check for previous vaccination record ○ taken appropriate consideration of how to ensure provision of reasonable adjustments It is also advised that the any proposed deviation from nationally recommended delivery models for children with a learning disability and autism at a local level are discussed and designed with local learning disability clinical experts.			
• The post vaccination observation period is potentially the longest part of the pathway. The waiting area will need to be suitably organised to facilitate the child and parent waiting for the specified time.			
• If toilets are provided, they need to also be accessible for all. However, specific child toilets are not a requirement. Consideration needs to be given to the suitability of the facilities (such as more frequent cleaning). If toilets are unavailable, staff on site need to be able to direct parents to the nearest facility.			
• 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. Training material is available here.			
• Communication Needs of Children and/or their parent/guardian: Have in place (a) processes to enable understanding of the communication needs for children and/or their parent/guardian and (b) meet the communication needs such as Braille, BSL and community language support			

EMERGENCY PROCESSES STANDARDS

Emergency Processes Checklist A 16 & 17s
The following Environment and general standards are required to be in place prior to the vaccination of 16- & 17-year olds.

Emergency Preparedness – Standards on Checklist A	Yes	No	N/A
The following need to be in place prior to vaccinating children			
• All clinical staff need to be trained and familiar with the management of anaphylaxis and understand the necessary dose of adrenaline.			
• Appropriate dose of Adrenaline needs to be available on site.			
• A minimum of 1 clinical (RHCP) and 1 other staff member on duty for each shift need to be trained to a L2 standard in Paediatric BLS. Delivery of this training is down to local determination based on local policy. On line training is available here and takes approximately 35 minutes to complete			
• Emergency protocol must be in place identifying the need to call 999 and as a minimum staff are able to follow First Responder guidance. Guidance is available here.			
• Local risk assessments (clinical and staff) need to be in place to determine any additional requirements beyond the First Responder guidance as per UK Resus Council guidance. Guidance is available here.			
• Following risk assessment, there is age appropriate emergency medical equipment available and staff are trained in its use for paediatric patients. *Face shields and pocket masks are essential items. Viral filters will also be made available*.			
• If available, clinical staff must be trained in how to use the available defibrillator. *(public access defibrillator training is a 5-minute video).*			
The following needs to be in place within four weeks of commencement of children vaccines			
• All clinical staff (RHCPs and vaccinators) should be trained to a L2 standard in Paediatric BLS. Delivery of this training is down to local determination based on local policy.			

Emergency Preparedness and Other Checklist B 12-15s
The following emergency preparedness standards are required to be in place prior to the vaccination of 12-15-year olds.
In addition to all of Part A of the checklist

Emergency Preparedness – Standard on Checklist B	Yes	No	N/A
Currently no additional requirements beyond the 16 & 17 age group			

Emergency Preparedness and Other Checklist C 05-11s
The following emergency preparedness standards are required to be in place prior to the vaccination of 05-11 year olds.
In addition to all of Part A and Part B of the checklists

Emergency Preparedness – Standards on Checklist C	Yes	No	N/A
Currently no additional requirements beyond the 16 & 17 age group			

LEGAL FRAMEWORK – *This section is subject to frequent change and providers need to refer to The Green Book.*

Legal framework Checklist A 16 & 17s

The following legal framework standards are required to be in place prior to the vaccination of 16 & 17 year olds.

Legal framework for the administration of the covid-19 vaccine – Standards on Checklist A	Yes	No	N/A
• Sites will need to have access to the Pfizer BioNTech Covid-19 vaccine as this is currently the only vaccine authorised for those less than 18 years of age in the UK (5 years or older).			
• Staff need to understand that all children 16 to 17 years of age should continue to be offered vaccination under the existing Patient Group Direction or National Protocol for the Pfizer BioNTech Covid-19 Vaccine.			

Legal framework Checklist B 12-15s

The following legal framework standards are required to be in place prior to the vaccination of 12-15 year olds.
In addition to all of Part A of the checklist

Legal framework for the administration of the covid-19 vaccine – Standards on Checklist B	Yes	No	N/A
• Sites will need to have access to the Pfizer BioNTech Covid-19 vaccine as this is currently the recommended vaccine for those less than 18 years of age in the UK (5 years or older)			
• Staff need to understand that all children aged 12 to 15 years should be offered vaccination under the existing Patient Group Directions or national protocol for the Pfizer BioNTech COVID-19 vaccine. Care should be taken to check eligibility criteria at the time of vaccination.			

Legal Framework Checklist C 05-11s

The following legal framework standards are required to be in place prior to the vaccination of 05-11 year olds.
In addition to all of Part A and Part B of the checklists

Legal framework for the administration of the covid-19 vaccine - Standards on Checklist C	Yes	No	N/A
• Sites will need to have access to the Pfizer BioNTech Covid-19 10-microgram/dose vaccine as this is currently the recommended vaccine for those less than 12 years of age in the UK			

• Staff need to understand that only those children aged 5 to 11 years, for whom a recommendation to vaccinate is included within the Green Book, should be offered vaccination in line with the current Patient Group Direction or National Protocol for PfizerBioNTech COVID-19 10-microgram/dose vaccine.			
• Where, in clinically exceptional circumstances on a case by case basis, vaccination using the PfizerBioNTech COVID-19 vaccine (adult formulation) is considered, this must be either directly administered by a medical prescriber or administered under a Patient Specific Direction from a medical prescriber.			

Amendments

Version & Date	Change	Comments/Rationale
Version 12: 04/01/22	Original publication of checklist A, B & C	
Version 13: 21/01/22	• Deleted 3rd bullet point under Environment Checklist A • Deleted 1st bullet point under Environment Checklist B • Deleted 3rd bullet point under Safeguarding Checklist B and 3rd bullet point in Safeguarding Checklist C ("SJA volunteers will not be used in the role of a vaccinator and post-vaccination observation for the vaccination of children 12-15 years of age as this is outside of their current contract with NHSE&I for the COVID-19 vaccination programme.") as we are working now to change the contracts to allow them to support the vaccination of this cohort. • Deleted 7th bullet point under Safeguarding Checklist A as no supervision is required for stewards with no DBSs ("Appropriate supervision is in place for volunteer stewards and administrators, with the supervisor holding an enhanced DBS check with adult and child barred lists information. Where there is no supervision in place these roles will require the individual to hold an enhanced DBS check with adult and child barred list information.")	• Providers fed back that they found the DBS information unclear as it was split across Safeguarding and Environment subgroups. Now harvested under one subgroup - Safeguarding. • Volunteers statement has been changed as this has been re-negotiated nationally

Clarifications to points within the Checklists as they have been operationalised

The following clarifications have been made since the introduction of the checklists.

[1] Clarification on the 48 hour pre-screening standard in the children check-list (Part A) was given in the Clinical Bulletin 30.09.21 here

The checklist contains the following standard: "If sites have opted to undertake advanced completion of consent questions, then these need to be undertaken no more than 48hrs in advance of vaccination "Consent from individuals with parental responsibility can be undertaken in advance. The check list suggests the advanced completion of consent questions should not be more than 48 hours in advance. This is challenging within the school environment and providers are able to negotiate a suitable time frame with local commissioners. Consent from the patient/child is on the day by a registered healthcare practitioner.

[2] Not clarified in a bulletin but clarification given below

Gillick competency in broad terms.
Gillick competent child wants vaccination and the parents do not want the vaccine = child is vaccinated.
Gillick competent child doesn't want vaccination and the parents do want the vaccine = child is not vaccinated.
Non-Gillick competent child wants the vaccination and the parents do not want the vaccination = child is not vaccinated.
Non-Gillick competent child doesn't want the vaccination and the parents do want the vaccination = negotiation with all parties but no active restraint

[3] Clarification of the environment was given in the Clinical Bulletin 03.12.21 here

Vaccination of adults and children in a single location
We have received several queries regarding separation of children from adults in vaccination sites. Please note, there is no national mandate for children to be separated from adults in a vaccination site. Adults and children may both be vaccinated within a single location. Sites are required to establish pathways for children to ensure that they are seen by identified staff who are trained and competent in vaccinating children. Vaccination sites should complete the Children Self-Assessment Checklist, which outlines what needs to be in place to support the vaccination of children.

[4] Clarification of the At Risk/CEV Standard within Checklist was given in the Clinical Bulletin 05.11.21 here

The standard was revised to accommodate the decision to give a greater choice of access to parents, or children, within the Clinically Extremely Vulnerable group (also referred to as at-risk group).

This gives flexibility to parents to make a choice. However, the change does not currently give the flexibility for local systems that are planning to target their at-risk children groups. When the system invites the at-risk child to uptake the vaccine it needs to be to a PCN site or a non-PCN site where there has been a dedicated session/clinic purposely set up to facilitate vulnerable children.