



## Vaccination as a condition of deployment in across Adult Social Care and NHS (VCOD2) and Care Homes (VCOD1)

### Stakeholder Q&A

Updated: 11/11/2021

### Proposed regulations for health and wider adult social care sector

#### When will this be coming into force?

- Subject to parliamentary timetable we expect the regulations will come into force on 1 April 2022, following a 12-week grace period to the 31 March 2022. This is to provide the sector enough time to implement the requirement and minimise any staffing issues that may present over the winter period.

#### Who does this apply to?

- The requirement to be vaccinated will apply to all those that are deployed to undertake a [CQC-regulated activity](#).
- This includes any staff or volunteers who have direct face-to-face contact with people receiving care. For example, those people delivering services in hospitals, GP practices, dental practices and also those delivering CQC regulated activities as part of a social care service in a person's home.
- It would mean only those workers and volunteers who are fully vaccinated (or those with a medical exemption) could be deployed to deliver those services.

#### Who does this not apply to?

The requirement will not apply to those who:

- Are under the age of 18
- Are medically exempt
- Have participated in a clinical trial
- Do not have direct, face to face contact with a patient or service user
- Are pregnant and have a temporary medical exemption which will be valid until they are 16 weeks post-partum

#### Which social care settings are in scope?

- All social care settings where [regulated activities](#) take place are within scope. The only exception to this is shared lives caring arrangements. The condition applies to the person undertaking the regulated activity, not the setting as a whole. The condition applies to any people working or volunteering who have direct face-to-face contact with people receiving care.
- Non-clinical workers who have direct face to face contact with patients and care recipients as part of delivering or supporting the delivery of a CQC-regulated activity are also within scope of the requirements.



## Department of Health & Social Care

- We are committed to working with stakeholders in the coming months to develop operational guidance to support providers to implement the policy in different settings.
- This requirement on people undertaking regulated activities in wider social care will sit alongside the care home regulations which came into force on 11 November 2021.

### **Does this policy cover children social care services?**

Those children services which are CQC regulated are in scope of the requirement.

### **Are there any care arrangements or settings which are outside of scope?**

- Activities that are part of a care service which is not regulated by CQC are out of scope. For example, unregulated parts of the domiciliary care sector are not subject to the condition, for example personal assistants.
- Nevertheless, we would urge all people working as carers to take up the offer of vaccination to protect those they care for and themselves.
- Shared Lives caring arrangements are not subject to the regulations. They are out of scope because the Shared Lives caring model is different from other forms of care as it involves the care recipient living in the home of the carer. In many cases, care recipients have lived in their homes for decades with people they view as their extended families. We would nevertheless urge all Shared Lives carers to take up the offer of vaccination – as we do the general population.

### **How will this be enforced?**

- The responsibility will lie with the CQC-registered person of the health or care provider to ensure that they only deploy those who have been vaccinated against COVID-19.
- At time of registration and when inspected, the registered person would have to prove that the required evidence of COVID-19 vaccination or exemption has been provided.
- Any enforcement would be carried out by the regulator, the Care Quality Commission (CQC), which has a range of enforcement powers to act in appropriate cases where a provider does not meet the requirements of this regulation.
- CQC consider compliance with infection prevention and control measures, including testing for COVID-19, when carrying out their regulatory activity, and take proportionate action where they consider people using services to be at risk of harm.

### **Does this supersede the regulations on care homes?**

No. Regulations making COVID-19 vaccination a condition of deployment (VCOD) in care homes came into force on 11 November.

The regulations that introduce VCOD across health and wider social care will include some amendments to the care home regulations to align the two policies. Subject to parliamentary process, these will take effect in the coming months (estimated timings indicated below):

- An unvaccinated new starter can be deployed in a care home 21 days after receiving one dose of an authorised COVID-19 vaccine (once regulations are made, estimated to be from early January)
- Clinical trial participants will need to evidence their participation in the trial order to be exempt from the requirement (once regulations are made, estimated to be from early January)



## Department of Health & Social Care

- Staff vaccinated overseas can be deployed but may need to receive a top-up vaccine dose, as per UKHSA advice. The government intends to run the self-certification process for people deployed in care homes who have been vaccinated abroad until the end of the proposed grace period which is expected to be 1 April (these new arrangements for people vaccinated abroad are expected to be in force from 1 April)
- The definition of authorised vaccine will be aligned across the two policies (estimated to also be from 1 April)

### **Why haven't you introduced the requirement for flu?**

- The Government has chosen not to introduce the regulations for flu at this time, due to the timing of the flu programme with most flu vaccinations happening October – January, and the need to balance this with the time needed for the NHS and wider health and social care to implement the regulations.
- The government will keep this under review and, if required, bring forward amendments to the regulations to include flu ahead of winter 2022/23.

### **Will boosters be included in the regulations?**

- The Government has no plans at this time to make booster vaccines a condition of deployment.
- This is because booster doses are being delivered in a targeted way, and not everyone in the population is eligible at the same time depending on when they received their primary doses, making implementation unfeasible in the immediate term.
- There is however an increasing amount evidence with respect to waning immunity and the importance of booster vaccines in “topping up” protection. As such the government will continue to review the scientific advice and, if necessary, amend the regulations to include booster vaccines.

## Exemptions

### **What happens if staff can't have the vaccine for medical reasons?**

There will be a small number of health and social care workers where the clinical advice is that the COVID-19 vaccination is not suitable for them. In such cases they will be able to apply for proof of their medical exemption status to ensure they comply with the regulations.

Information about the formal exemption process can be found here: [COVID-19 medical exemptions: proving you are unable to get vaccinated - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/COVID-19-medical-exemptions-proving-you-are-unable-to-get-vaccinated)

The guidance reflects the Green Book on Immunisation against infectious disease ([COVID-19: the green book, chapter 14a](#)) and clinical advice from The Joint Committee of Vaccination and Immunisation (JCVI).

### **What are the criteria for medical exemptions?**

The criteria for medical exemptions are based on advice from JCVI and the Green Book as well as consultation with senior clinicians.

Examples of medical exemptions from COVID-19 vaccination could include individuals:



## Department of Health & Social Care

- With learning disabilities or autistic individuals, or with a combination of impairments which result in the same distress, who find vaccination and testing distressing because of their condition and cannot be achieved through reasonable adjustments such as provision of an accessible environment.
- With medical contraindications to the vaccines such as severe allergy to all COVID-19 vaccines or their constituents.
- Who have had adverse reactions to the first dose (e.g. myocarditis).
- Receiving end of life care where vaccination is not in the individual's interests.

Time-limited exemptions will also be available for those with short-term medical conditions (e.g. people receiving hospital care or receiving medication which may interact with the vaccination). A time-limited exemption is also available for pregnant women should they choose to take it.

The criteria for exemptions is informed by the Covid-19 section of the Green Book, which can be found here: [COVID-19 Greenbook chapter 14a \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/84222/green-book-chapter-14a.pdf)

### **What about health and care workers who are pregnant?**

- JCVI has advised that women who are pregnant should be offered vaccination at the same time as non-pregnant women, based on their age and clinical risk group. Clinicians should discuss the risks and benefits of vaccination with the woman.
- Time-limited medical exemptions are an option for pregnant women. For pregnant women the exemption expires 16 weeks post-partum. It is up to the individual to make an informed choice about whether to proceed with vaccination or not.
- There have been no specific safety concerns identified with any brand of COVID-19 vaccines in relation to pregnancy.
- Data shows that vaccines are effective in protecting people from serious illness from COVID-19. Though uncommon, severe illness due to COVID-19 is more likely in later pregnancy. Pregnant women who do get symptomatic COVID-19 infection are 2 to 3 times more likely to give birth to their baby prematurely.
- Women who are planning pregnancy, are in the immediate postpartum, or are breastfeeding can be vaccinated with any vaccine, depending on their age and clinical risk group.
- Any pregnant women who have questions or concerns about the vaccine can speak to their GP, midwife or obstetrician to get more information and advice. Even if they have previously declined the vaccine, they can book an appointment to get their jab on the [NHS National Booking Service website](https://www.nhs.uk) or call 119 between 7am and 11pm.

### **What about health and care workers who are breastfeeding, or trying to get pregnant?**

The regulations will apply to all staff working in a CQC-regulated care home for people requiring nursing or personal care in England, including those who are breastfeeding or planning to get pregnant, unless they have a medical reason not be vaccinated.

Women who are planning pregnancy, are in the immediate postpartum, or are breastfeeding can be vaccinated with any Covid-19 vaccine, depending on their age and clinical risk group. All the vaccines are subject to rigorous testing before they can be given to the public. There is no evidence to suggest the vaccines can cause problems with fertility. The British Fertility Society (BFS) and Association of Reproductive and Clinical Scientists (ARCS) say there is



## Department of Health & Social Care

absolutely no evidence, and no theoretical reason, that any of the vaccines can affect the fertility of women or men.

### **What is the process for applying for a medical exemption?**

Individuals working or volunteering in health or social care who believe they are exempt from the requirement to be vaccinated should apply for a [formal COVID-19 medical exemption](#) to comply with the regulations. This can be done by ringing 119 and requesting an NHS COVID Pass medical exemption application form.

The possible reasons for exemptions are limited. Each application will be clinically reviewed by a doctor, specialist clinician or midwife. Individuals applying for a formal medical exemption will automatically get the results of their application by post 2 to 3 weeks after applying.

Pregnant women can alternatively use MAT B1 certificates as an alternative to applying for a medical exemption. This can be used until 16 weeks post-partum.

### **Why did you introduce a temporary exemptions process for the regulations in care homes?**

In advance of the formal exemptions process being launched, we introduced a temporary measure so that people working or volunteering in care homes who have a medical reason why they are unable to have a COVID-19 vaccine were able to [self-certify that they meet the medical exemption](#) criteria.

The self-certification system was introduced temporarily until the formal exemption process was launched. Individuals should phone 119 and ask for an NHS Covid Pass medical exemptions application form.

Individuals can only self-certify until 24 December. After 24 December exemptions will need to be evidenced by the formal process, unless you have been vaccinated abroad.

We have shared guidance on how the temporary process will work with the sector, including the self-certification form, this can be found here: [Temporary medical exemptions for COVID-19 vaccination of people working or deployed in care homes - GOV.UK \(www.gov.uk\)](#)

### **What about staff who have been vaccinated overseas?**

Individuals deployed in care homes that have received a COVID-19 vaccination abroad can also self-certify as medically exempt. Self-certification for those vaccinated abroad will continue until the new regulations come into force which is expected to be 1 April.

We have shared guidance on how the temporary process will work with the sector, including the self-certification form, this can be found here: [Temporary medical exemptions for COVID-19 vaccination of people working or deployed in care homes - GOV.UK \(www.gov.uk\)](#)

Once the new regulations are in force, health and social care workers who have been vaccinated overseas will need to provide evidence that they have completed a full course of



## Department of Health & Social Care

the vaccination or have received a top-up dose, as per UKHSA advice. Further guidance will be provided in due course.

### Existing care home regulations and policy

#### Why did you focus on care homes first?

- The initial policy focus of the first consultation was on care homes for older people. This is because the age profile of residents, their co-morbidities and the relatively closed nature of the settings means that care homes are at high risk of experiencing outbreaks. The combination of vulnerability and risk in these settings is extremely high when compared with other settings across health and social care. The focus on older adult care homes aligned with the Joint Committee on Vaccination and Immunisation (JCVI) advice on vaccine rollout which prioritised residents of older care homes.
- Following consultation, we made sure that the regulations incorporated all care homes - including those for working age adults. This was based on advice from the SAGE social care working group as well as the views of respondents to the first consultation on vaccination as condition of deployment. We recognise that some care homes for severely disabled younger people accommodate large numbers of people with multiple vulnerabilities. These settings are also at high risk of outbreaks.

#### Why is uptake of the vaccine so important?

- Vaccination is a safe and effective way of protecting people from being infected with COVID-19 and prevents severe disease and death in those who catch the virus.
- UK Health Security Agency (UKHSA) estimates that 127,500 deaths and 24,144,000 infections have been prevented as a result of the COVID-19 vaccination programme, up to 24 September.
- UKHSA estimates around 261,500 hospitalisations have been prevented in those aged 45 years and over as a result of the COVID-19 vaccination programme, up to 19 September 2021.
- There is evidence to suggest the vaccine also prevents those who catch the virus from infecting other people, thus preventing the spread.
- Analysis by Public Health England (PHE) shows that two doses of the COVID-19 vaccines are highly effective against hospitalisation from the Delta (B.1.61.2) variant.
  - The Pfizer-BioNTech vaccine is 96% effective against hospitalisation after 2 doses.
  - The Oxford-AstraZeneca vaccine is 92% effective against hospitalisation after 2 doses.
- Public Health England's [Vivaldi study](#) found evidence the COVID-19 vaccines were associated with a substantially reduced risk of infection in care home residents. It found that a single dose of either the Oxford-AstraZeneca or Pfizer vaccines was effective at preventing 56% of infections after four weeks, rising to 62% of infections after five weeks.
- The SIREN study has also shown an effectiveness against infection of 72% 21 days after the first dose of the Pfizer vaccine - this is similar to the effects seen in the



## Department of Health & Social Care

AstraZeneca trials. The impact on transmission would therefore be expected to be at least this large because individuals who are not infected *should not* transmit.

### **Who does the care homes policy apply to?**

The regulations will apply to any individual working or volunteering inside a CQC-regulated care home in England which provides nursing or personal care, subject to certain exemptions. Those covered by the regulations include:

- All workers employed directly by the care home or care home provider (on a full-time or part-time basis)
- All workers employed by an agency and deployed by the care home
- Volunteers deployed in the care home. Anyone coming into a care home to do other work, for example healthcare workers, tradespeople, CQC inspectors, hairdressers and beauticians.

This will help ensure residents at high risk from COVID-19 either due to their age, underlying health conditions, or disability are better protected against the virus.

### **Who does the care homes policy not apply to?**

The requirement to demonstrate vaccination status will not apply to:

- Anyone who provides evidence that they should not be vaccinated for clinical reasons
- Family and friends visiting a care home resident
- Any person providing emergency assistance
- Any member of the emergency services in the execution of their duties
- Anyone undertaking urgent maintenance work
- Any person for whom it is reasonable to provide comfort or support to a care home resident in relation to a bereavement.
- Any person visiting a dying care home resident.
- Any person under the age of 18.

### **What counts as an ‘emergency’ in which someone would be allowed to enter the care home unvaccinated?**

We are very clear that we expect members of the emergency services to be vaccinated unless they are medically exempt – and this will be a requirement when the regulations for healthcare workers come into force in Spring 2022. However, in order to prevent delays in time critical situations, emergency services are exempt from having to demonstrate their vaccination status in order to enter the care home.

Individuals who are not members of the emergency services but are providing emergency assistance are also exempt. Whilst the registered manager will be able to determine what would constitute an emergency for their own setting, we would not expect planned, routine or regular visits to be treated as an emergency.

### **When do the care homes regulations come into force?**



## Department of Health & Social Care

There was a 16-week grace period to enable staff who haven't been vaccinated to take up the vaccine before regulations came into force on 11 November 2021.

We will keep the regulations under review to ensure they reflect the latest clinical guidance.

### **What proof will be needed by staff and visiting professionals to say they have a vaccine?**

Any staff or visiting professionals entering a care home will need to provide evidence of their vaccination or exemption status.

They will be able to use the NHS App to prove their vaccination status. For those people who do not have access to a smart phone, they will be able to use other web-based and non-digital alternative in the form of an NHS COVID Pass letter sent to them in the post. A COVID Pass letter can be requested online via [Get your NHS COVID Pass letter - NHS \(www.nhs.uk\)](https://www.nhs.uk) or by calling 119.

### **How will the regulations be enforced in care homes?**

Any enforcement would be carried out by the regulator, the Care Quality Commission (CQC), which has a range of enforcement powers to act where a care home provider does not meet the requirements of this regulation.

CQC consider compliance with infection prevention and control measures, including testing for COVID-19, when carrying out their regulatory activity, and take proportionate action where they consider people using services/care home residents to be at risk of harm.

### **Most care home residents have been vaccinated. Why are we doing this when vaccines have proved so effective?**

Vaccines are the best way to protect people from coronavirus and have saved thousands of lives. Vaccinated people are less likely to get serious COVID-19, to be admitted to hospital, or to die from it. There is also evidence that they are less likely to pass the virus onto others. Despite this, there will always be some residents and people at risk from the virus who cannot take up the vaccine for medical reasons. This requirement is designed to help prevent COVID-19 from being brought into care homes and care settings where people are most at risk. Ensuring anyone entering a care home is vaccinated, subject to specific exemptions, is the most effective way to prevent outbreaks and protect everyone who lives, works or visits a care home.

### **Why are family and friends visiting people in care homes not required to be vaccinated?**

- We recommend anyone who can have the COVID-19 vaccine should take it up when they are advised to by their GP or by the NHS. However, there are no plans to extend any requirement to visiting friends and family.
- The SAGE Social Care Working Group has advised that ensuring and sustaining very high levels of vaccination of people living and working in care homes is essential to reduce the risk of outbreaks. This is because environments in which the same group of people come into close contact with one another, numerous times a day, will lead to faster and more comprehensive transmission of the virus to all occupants (workers and residents) than other more open settings.



## Department of Health & Social Care

- Visits from family and friends, however, are a crucial part of ensuring people living in care homes have a good quality of life and maintain a positive wellbeing. Public Health England has advised that while this group should be encouraged to get vaccinated, if they cannot or will not, it would be unjustifiably detrimental to residents to deprive them of contact with, and care from, their loved ones. There is no replacement for someone's friends or family members. In these cases, other infection prevention and control mitigations should be used which is why those visiting friends or family will still be required to adhere to testing guidelines when attending a care home.

### **Why are all care home residents not required to have the vaccine, particularly new residents just joining a care home?**

- The vast majority of care home residents have taken up the COVID-19 vaccine but there will be some residents who cannot take the vaccine due to medical reasons. These regulations will help to prevent COVID-19 from being brought into care homes and care settings where people are most at risk.
- Residents moving from hospital or the community into care homes should be PCR tested. This is in addition to regular monthly asymptomatic PCR tests for care home residents. If residents are symptomatic or there is an outbreak within the home, they will also get additional testing.
- Introducing a requirement for residents would raise practical issues in relation to providing care because non-compliance would mean that a resident could no longer remain in any care home and alternative care and accommodation arrangements would need to be made.

### **What happens if a worker lies about being vaccinated or exempt?**

The registered person at the care home needs to see proof of vaccination or exemption in order to confirm that staff and volunteers working at the home are compliant with the regulations. Individuals can choose to use the existing NHS COVID Pass service to show the registered person their vaccination record or exemption status.

Providing false information about exemption may result in disciplinary action.

### **Does this impact unpaid carers?**

The Regulations will not apply to friends or relatives who are visiting a care home resident, including 'essential care givers', being those friends or relatives who have agreed with the care home that they will visit regularly and provide personal care.

## Staffing

### **What happens if staff refuse the vaccine?**

The majority of NHS and social care workers are now fully vaccinated.

Under the regulations in care homes, unless a person is fully vaccinated or satisfies one of the exemptions, they will not be permitted to enter the care home.



## Department of Health & Social Care

The requirements in the wider health and social care sector will come into force from 1 April, subject to parliamentary approval. There will be a 12-week grace period between the regulations being made and coming into force to allow those who have not yet been vaccinated to have both doses. This will also allow time for health and social care providers to prepare and encourage workers uptake before the measures are introduced.

We want to encourage as many health and social care workers as possible to take up the vaccine ahead of the regulations coming into force. If they choose to not have the vaccine, the registered person may re-deploy them into a non-patient facing role. Where this is not possible, the worker cannot be deployed.

### **What happens if staff can't get a vaccine?**

Any staff who have not yet received their vaccine can make an appointment at one of hundreds of vaccination centres across England, through the [NHS National Booking Service](#) online, or via their GP. They can also visit their nearest walk-in centre to receive a vaccine without the need to book in advance.

### **What are you doing to support care homes to ensure they can maintain safe staffing levels?**

- On October 21st we announced a new £162.5 million Workforce Recruitment and Retention Fund (WRRF). It will be available until the end of March 2022 to support local authorities working with providers to recruit and retain staff.
- We are working with local authorities and providers to ensure we have the right number of staff with the skills to deliver high quality care to meet increasing demands. This includes running regular national recruitment campaigns across tv, radio and social media – the latest of which launched on 3 Nov - and providing councils with access to over £1 billion of additional funding for social care in 2021-22.
- Since the start of the pandemic, we have committed over £6 billion to councils through un-ringfenced grants to tackle the impact of COVID-19 on their services, including adult social care, as well as more than £2.5 billion in specific funding for adult social care.
- Local government has a key role to play in supporting recruitment and retention in their local areas. Local Authorities have been supporting local providers to recruit and retain staff by identifying workforce shortages, developing workforce plans, and encouraging join up across services. In addition, national government has put in a place a range of measures to support providers to recruit and retain staff: free and fast-track DBS checks for staff recruited in response to the COVID-19 pandemic; and the promotion of adult social care careers in Job Centres.
- Government investment as part of the Build Back Better plan for social care, committed at least £500m across three years will deliver hundreds of thousands of training places and certifications, progression pathways and wellbeing & mental health support. This workforce package is an unprecedented investment that will support the development and wellbeing of the care workforce. It will enable a five-fold



## Department of Health & Social Care

increase in public spending on the skills and training of our care workers and registered managers.

- We are also working with Skills for Care to ensure resources, such as guidance and best practice are available to support providers and local authorities with capacity and workforce planning, recruitment and well-being. Skills for Care will also provide local and national workforce support to local authorities and employers.