RCN response to **Open consultation: Making vaccination a condition of deployment in older adult care homes**

Making vaccination a condition of deployment in older adult care homes (dhsc.gov.uk)

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To:

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RCN have also responded to the survey

Introduction

With a membership of around 450,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

Vaccination is an essential component of nursing clinical practice as part of nurses occupational health requirements but also for the safe delivery of vaccination in the UK. RCN members work in a variety of hospital and community settings in the NHS and the independent sector.

The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Overall RCN position - Proposed legislative change

The RCN recognise that vaccination is a key pillar in infection control and disease prevention.

The fundamental position of the RCN is that all members of the nursing team should have any vaccine deemed necessary to help protect themselves, their patients and the wider community. We consider this to be best practice and it is enshrined within the NMC code as the right thing to do for professional practice for all registered nurses.

There are however, serious concerns around making vaccination a compulsory part of any workers current employment.

Health and care staff are a diverse group and there are both physical and societal barriers for some that affect the take up of the vaccine which need to be managed and staff must be supported in a similar way to the wider population.

There is a huge variation in reported uptake and evidence suggests that where staff are offered vaccination alongside the residents in the workplace the uptake is much higher. This is evident from the uptake data from Scotland (100% have accessed 1st does and over 90% their 2nd dose) Coronavirus (COVID-19): vaccinations data – technical note - gov.scot (www.gov.scot) and other anecdotal evidence from other regions across

England. This is reportedly because it is easier for staff to access without having to make separate arrangements, it also encourages a peer support attitude. We know that making vaccines convenient to people and improving confidence in vaccination is an essential strategy for all vaccine programmes, as evidenced in the WHO report on tackling vaccine hesitancy (2014). It is essential these measures are properly considered to ensure success in the roll out of future vaccine programmes.

Rather than using approaches that instil some form of victim-blaming or fear. More effective ways for improving vaccine uptake are to remove barriers to vaccination this includes physical access and improving convenience for staff. As well providing relevant information and support to improve individual's understanding of the importance of vaccines and help increase their confidence to accept them. Organisations should have a proactive approach and ensure that their staff have easy access to the vaccine in the working day and are able to access information and support to address any questions or concerns they have in confidence. This needs to be sensitive to cultural concerns an able to address individual issues.

This will we believe improve vaccine confidence, increase uptake and lead to a more sustainable trust of vaccination programmes in the future.

The RCN do not believe that legislation is necessary at this time when we know that the uptake of the vaccine is increasing. Legislation should be a last resort, if introduced it could undermine the efforts to engage with staff and affect the increases in uptake we have seen.

Focus of the consultation on care homes for older adults

It is clear that older people and care homes for older adults have been significantly and adversely affected in comparison to the wider population.

While it is therefore understandable that there is a focus on vaccination in care homes, there are vulnerable people in other settings.

Vaccination should not be compulsory, however, staff working with vulnerable people in all settings should have easy access to the vaccines and be able to have supportive and sensitive conversations to help them understand the value of vaccination and accept vaccines offered to them.

Who should be vaccinated

The RCN do not agree vaccination should be compulsory or mandated. The RCN do however, consider it essential that all staff and indeed all those eligible in the population take up the vaccine as soon as they are able to, as this will help protect them stop the spread and transmission of infection within care homes and the wider community.

The RCN do not believe that a contractual vaccination requirement should be included in current staff contracts, or for it to be a condition of future employment for these staff or for it to be linked to pay.

The RCN recognises that for new staff it may be reasonable for them to have the vaccine as part of an occupational health screen at the commencement of their employment, particularly for staff applying to work in specific areas. It would then be for individuals to decide if they want to take up that employment.

The RCN remain concerned however, that all employers must also make sure that prospective staff are given information and advice on the benefits of vaccination in a supportive way. Staff recruitment and retention in the care sector is challenging and we must work to make staff feel valued and want to work in this area.

As previously stated staff should have access to support with the right information, encouragement and clear explanation of the benefit and value of the vaccine. These measures will help improve their confidence in vaccination and facilitate a high vaccine uptake.

In their supplementary guidance to the Control of Substances Hazardous to Health Regulations 2002, the HSE say that employers should explain the advantages and disadvantages of immunisation versus non-immunisation. Immunisation should be seen only as a useful supplement to reinforce physical and procedural control measures, not as the sole protective measure.

The HSE adds that employees may not wish to take up the offer of immunisation, or they may not respond to a vaccine and will therefore not be immune. As such, employers need to consider the effectiveness of the other controls and consider whether any additional controls should be implemented to allow them to work safely.

If staff decide they do not want the vaccine their reasons should be explored. If they remain anxious about having the vaccine, then it may be appropriate for employers to consider redeploying them to lower risk areas.

The RCN recognise that this may not be possible in small care home settings but we would urge employers to explore all possible alternatives and redeployment options.

Exemptions

Some staff will not want to have the vaccine or want to delay because of a protected characteristic for example: pregnancy, age, religious belief or disability. Exemptions should be clearly within the guidance for vaccination as advised by the JCVI and in the Green Book.

There may be other medical issues that give rise to a recommendation that individuals do not have the vaccine. This should be an individual decision based on advice from a staff member's GP.

Implementation

Based on experience in some areas where care homes make vaccination available to staff on site alongside residents, the uptake for vaccination is high. It is the RCN's view that care homes and the local delivery of vaccination make these options available. This would also help in making sure the care homes have an accurate record of who has and who hasn't been vaccinated.

The key challenge to care homes is the high staff turnover, (Health Foundation 2020) This makes it very difficult to keep accurate record of staff occupational health reports, including vaccine uptake. There needs to be consideration of how information could be shared. This would probably be best with a variety of methods. Options could include NHS app as proof or written declaration, there would need to be some flexibility.

There is however, concern about what it actually means in terms of being assured an individual is protected. There is at present no indication on how you would be able to

monitor an individual's response to the vaccine. Testing for antibody response on an individual to any vaccine is not routine and tests difficult to interpret. For the COVID vaccines there is also no data on how long this protection would last.

There has been much discussion about the COVID-19 vaccine in employment being similar to the occupational health policies already in existence for other vaccines, such as Hepatitis B. This is not an appropriate comparison. The policy for hepatitis B vaccine in occupational health for health and social care workers sits within the wider guidance to minimise the risk for staff in exposure prone procedures and blood borne virus. The guidance discusses what happens where staff who are unable to mount an adequate antibody response to vaccination are then protected from blood borne virus and potentially not put in a situation where they carry out exposure prone procedures. The guidance is clear that staff who decline hepatitis B vaccination should not be denied employment.

As stated previously the supplementary guidance to the Control of Substances Hazardous to Health Regulations 2002, the Health and safety Executive state that employees may not respond to a vaccine and will, therefore, not be immune. As such employers need to ensure the effectiveness of the other controls and consider whether any additional controls should be implemented to allow them to work safely.

Impact on proposal

Wide variations in uptake across the UK, with very low uptake in some areas, has led to the debate on mandating vaccines. The reality is however that vaccine uptake is increasing. Mandating vaccination at this time could be detrimental, leading to staff avoiding vaccination, not asking for information and hiding their concerns. More needs to be done to address the reasons people don't accept vaccination before it is made mandatory in this way.

Certain groups particularly staff in BAME communities already feel discriminated against and pressurised about the vaccine, as seen by the survey conducted by the London School of Hygiene and Tropical Medicine (2021) COVID-19 vaccination beliefs, attitudes, and behaviours among health and social care workers in the UK: a mixed-methods study | medRxiv.

Uptake for the vaccine amongst social care staff in England hides some wide disparities. In Scotland the uptake for 1st dose is 100% and 2nd dose over 90% due in large part to a policy of vaccinating staff alongside residents COVID-19 Vaccine Content Summary Updated 290321- Adult Social Care.docx - Google Docs. Similarly, high uptake has been seen in England where vaccination is offered on site. This not only helps make the vaccine easily accessible, it is a means of encouraging staff through peer support.

Where vaccination is made easily accessible and staff can discuss their concerns in a supportive environment, uptake of vaccination is higher. Some of the lower paid staff working in care homes may have one or two additional jobs alongside juggling with caring responsibilities outside work. Making the vaccine accessible preferably in the workplace or at least during working hours is essential.

The RCN have been concerned for some time that staffing levels in social care do not allow for safe and effective care. The trends indicate that the numbers of registered nurses are declining further, despite population needs increasing. Nursing staff in social care often have high caseloads, unsustainable ratios with clients/residents and work

long hours. We are concerned that additional barriers to recruitment and retention, such as mandatory vaccination, could lead to further staff shortages.

Challenges surrounding recruitment and retention of staff in care homes includes a history of underinvestment in the sector. There has been a failure of government to consider the needs of nursing in social care and in workforce planning. Their challenges include a national shortage of nurses, low public and professional perceptions of working in social care, long and unsociable hours, low pay, little career progression, zero-hour contracts and the demanding nature of care work. Recent changes in UK immigration policies will potentially mean recruiting staff from overseas is even more difficult. Currently international staff make up around 26% of the workforce in nursing homes, and 5% in residential homes.

There should be a comprehensive equality analysis undertaken as part of the response to this consultation. This should carefully track the impact of the policy on vaccine uptake, in the short, medium and long-term should it be implemented.

It is recognised that some people may choose not to be vaccinated, even if the vaccination is clinically appropriate for them. In these circumstances they may no longer be able to be deployed in a care home setting and providers will need to manage this in a way which does not destabilise the provision of safe, high quality care. The impact of this on recruitment will also be a factor.

Skills for Care (2020) report that employers who use values-based recruitment and retention approaches attract staff who perform better, with lower sickness rates, and achieve greater levels of success in developing the skills needed in their roles. Staff retention is influenced by the values of the organisation, and the involvement of colleagues in decision-making.