

Covid-19

----- Guidance for practices



Date: 05.01.2021

Please be aware that this is a rapidly evolving situation.

Medicolegal matters relating to the administration of the Covid-19 vaccination

Background

Although medicolegal sequelae arising from the administration of immunisations are relatively rare, some of the types of issues that arise are as follows:

- Short term matters at or around the time of the administration of the immunisation, for example:
 - Fainting.
 - Viral type symptoms (which may have a temporal but not causative association with the administration of the immunisation).
 - Problems around the immunisation site (for example, bruising, swelling, infection etc).
- Longer term matters, for example:
 - Long term problems around the injection site (for example numbness).
 - Long term health issues of varying nature that are ascribed to the immunisation (which usually have temporal but not causative association with the administration of the immunisation).
- The administration of the incorrect vaccination.
- A breach in the cold chain storage.

Protecting our constituent practices

This is the first time a mass immunisation programme been instigated in the UK at such short notice. The guidance is designed to ensure that practices have taken the necessary steps to protect themselves from medicolegal sequelae that could potentially arise in circumstances when they are *doing their best* in unprecedented circumstances.

Indemnity - claims

Indemnity in relation to **claims** arising from the administration of the Covid-19 vaccine would fall to the Clinical Negligence Scheme for General Practice (CNSGP). The CNSGP does **not** extend to non-claims matters (please refer to the advice below re non-claims matters).

Further details about the CNSGP can be found below:

- [CNSGP – What is in, what is out and who do I approach for help?](#)
- [Clinical Negligence Scheme for General Practice.](#)
- Details as to how and when an incident that may lead to a claim should be reported can be found [here](#).

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NHS England have provided the following additional guidance pertaining to the CNSGP ([read the full letter here](#)):

The Clinical Negligence Scheme for General Practice (CNSGP) provides clinical negligence indemnity cover for all staff engaged by a GP practice. It covers NHS activities delivered under a Primary Medical Care contract, an NHS standard Contract with Schedule 2L or for other NHS services provided by the practice which are 'Ancillary Health Services' such as an Enhanced Service. Cover under CNSGP is not restricted to a GP's registered patients so would apply to the provision of an Enhanced Service (ES) by a GP Practice to a person such as practice staff who are not on the registered list of that practice.

The ES service specification will require practices to have a collaboration agreement in place that ensures CNSGP applies. NHS England will provide a template collaboration agreement for practices to use that will cover the indemnity implications of practices vaccinating each other's patients, their own staff and non-registered patients.

Indemnity – non-claims

Non-claims matters (which include but are not limited to assistance with complaints, GMC/NMC investigations, NHS England investigations and inquests) will fall to the medical defence organisations, the RCN or equivalent hence practices /GPs and other relevant members of the practice team should check the position with them, links to the relevant sections of their website can be found below:

- [MPS Membership benefits](#)
- [MDU - Why should you choose the MDU?](#)
- [MDDUS - General Practice Protection](#)
- [RCN - Join the Royal College of Nursing](#)

Public liability insurance

Whilst the CNSGP would cover clinical negligence claims that arise from the administration of Covid-19 vaccine (within the provisions outlined above) , even if it is administered in a *novel* location, you should check that you have adequate and appropriate public liability insurance in place to cover other potential claims (for example; relating to *slips and trips*) that may arise.

Delegation

The [Human Medicines \(Coronavirus and Influenza\) \(Amendment\) Regulations 2020](#) state that a registered healthcare professional will need to carry out the clinical assessment and consent, however a suitably trained non-registered member of staff will be able to administer the vaccine itself under clinical supervision.

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NHS England have provided the following guidance regarding staff training ([full guidance here](#)):

All staff involved in administration of COVID-19 vaccines will need to complete the relevant training provided by PHE/HEE. Practices will be expected to oversee and keep a record to confirm that all staff have undertaken the training prior to participating in vaccinations.

Otherwise the training requirements are expected to mirror those in the flu specification.

There will be a COVID-19 vaccination programme overview pack for all staff that can be used for onboarding.

In their guidance entitled [Delegation and referral](#), the GMC state (the emphasis is added):

*When delegating care, you **must** be satisfied that the person to whom you delegate has the **knowledge, skills and experience** to provide the relevant care or treatment; or that the person will be adequately supervised.*

It is therefore important that practices can demonstrate that all those involved in the Covid-19 vaccine administration process have undertaken the requisite training and are appropriately supervised.

Consent

Guidance in relation to the consent issues that surround the administration of the Covid-19 vaccination can be found at the following links:

- [Covid-19 vaccination consent guide and checklist.](#)
- [Londonwide LMCs consent resources.](#)