

Service Specification:
COVID-19 Community Pharmacy Vaccination
Service (COVID-CPVS)
2021/22

March 2022

**This document is correct at the time of publishing.
In light of COVID-19, guidance may be subject to change.
For access to all resources in relation to this service and
to keep up to date, please visit**

<https://hscbusiness.hscni.net/services/3250.htm>

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Change history

Version number	Change details	Date
V01.00	<ul style="list-style-type: none"> ➤ New service specification developed for use as part of COVID-19 Community Pharmacy Vaccination Service (COVID-CPVS) for March 2021 	9 th March 2021
V01.01	<ul style="list-style-type: none"> ➤ Cohorts Updated 	23 rd March 2021
V01.02	<ul style="list-style-type: none"> ➤ Cohorts Updated 	31 st March 2021
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V01.04	<ul style="list-style-type: none"> ➤ Cohorts Updated 	26 th April 2021
V01.05	<ul style="list-style-type: none"> ➤ Cohorts Updated 	30 th April 2021
V01.06	<ul style="list-style-type: none"> ➤ Clot Information Leaflet ➤ Labelling Clinical Waste ➤ Fridge readings are to be taken and recorded from the thermometer twice daily on all working days. ➤ Notify HSCB of vaccine loss from fridge failures 	19 th May 2021
V01.07	<ul style="list-style-type: none"> ➤ Cohorts updated 	20 th May 2021
V01.08	<ul style="list-style-type: none"> ➤ Cohorts updated ➤ Service specification further updated with regards to Vaccination Protocol for COVID-19 Vaccine authorised by DoH 	27 th May 2021
V01.09	<ul style="list-style-type: none"> ➤ Link to PGD and Vaccination Protocol for COVID-19 vaccine updated 	1 st June 2021
V01.10	<ul style="list-style-type: none"> ➤ Dose interval updated and ID requirements updated 	11 th June 2021
V01.11	<ul style="list-style-type: none"> ➤ Cohorts updated 	18 th June 2021
V01.12	<ul style="list-style-type: none"> ➤ Removal of restriction requiring pharmacy to provide both 1st and 2nd doses to the patient. ➤ Extension of service duration 	2 nd July 2021
V1.13	<ul style="list-style-type: none"> ➤ Inclusion of unregistered patients. Removal of requirement to be registered with a GP practice 	12 th Aug 2021

V1.14	<ul style="list-style-type: none"> ➤ Specification was amended to include other COVID-19 vaccines [Moderna added] 	16 th September 2021
V1.15	<ul style="list-style-type: none"> ➤ Amended to include 3rd primary dose in severely immunosuppressed patients 	21 st September 2021
V1.16	<ul style="list-style-type: none"> ➤ Service specification further updated to include vaccination protocol for COVID-19 Vaccine Booster programme authorised by DoH 	01 October 2021
V1.17	<ul style="list-style-type: none"> ➤ Booster eligibility updated to include patients >65years ➤ Removal of AZ vaccine from booster provision 	15 October 2021
V1.18	<ul style="list-style-type: none"> ➤ What to expect after your COVID-19 vaccination leaflet to be provided after every dose of vaccination ➤ Amendment to Appendix 1 to provide clarity that pregnant and breastfeeding individuals can be vaccinated with primary course of Moderna vaccine ➤ Booster cohorts updated 	10 November 2021
V1.19	<ul style="list-style-type: none"> ➤ Addition of AZ vaccine for booster provision (specific individuals only) ➤ Cohort update to include 40-49 years for booster provision 	30 th November 2021
V1.20	<ul style="list-style-type: none"> ➤ Booster cohorts updated ➤ Shorten dosing interval for booster doses to 'from 3 months' 	01 December 2021
V1.21	<ul style="list-style-type: none"> ➤ Spring 2022 booster for eligible cohorts (Individuals 75 years and older, Residents in Care Homes for older adults, Immunosuppressed individuals as defined by the Green book and meeting eligibility criteria (>18 years) ➤ Inclusion of administration under patient specific direction 	29 th March 2022

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1. Service description and background

1.1 COVID-19 Primary vaccination service programme

In December 2020, several vaccines for COVID-19 gained approval from the MHRA. Through their place in local neighbourhoods, community pharmacies are well placed to increase access to COVID-19 vaccines for priority groups. The plans for deployment of a community pharmacy COVID-19 vaccination

service (COVID-CPVS) builds on the established seasonal influenza vaccination service (CPFV), which has been in place since September 2020.

COVID-19 has a significant impact on those who become ill, the HSC services that provide direct care as a result, and on the wider health and social care system. The COVID-19 vaccination programme will help to reduce unplanned hospital admissions and pressure on A&E. In order to improve access to COVID-19 vaccination for eligible patients, the Department of Health (DoH) NI in conjunction with the HSC Board has commissioned an additional service for community pharmacies to provide COVID-19 vaccinations to eligible patients.

This service covers eligible cohorts in order of priority as specified and announced by the DoH. Patients in unannounced cohorts are not eligible to be vaccinated under this service until that announcement has been made in relation to their cohort. **Contractors will be notified of eligible cohorts that can be vaccinated under this service.**

The duration of the service will be determined by the regional COVID-19 vaccination programme. This contract may be terminated by either the purchaser or the provider by giving 8 weeks' notice.

1.2 COVID-19 booster CP vaccination service programme

In September 2021 the Health Minister Robin Swann MLA acting on the advice on COVID booster vaccinations from the Joint Committee on Vaccination and Immunisation (JCVI) initiated a COVID-19 Booster Vaccination programme. Community pharmacies contracted to the COVID-19 vaccination service will offer COVID-19 Booster vaccines to specified patient cohorts at a dose interval of no earlier than 3 months (as per updated [JCVI](#) guidance) following completion of the primary vaccine course (normally two doses for the majority of individuals) DoH will determine minimum dosing interval for booster for individual age groups. A spring Booster service was introduced in March 2022 for specified patient cohorts including persons aged 75 and over, residents of care homes and immunosuppressed patients aged 18 and over. The cohorts are referenced in Appendix 4 and associated vaccines at Appendix 5. The spring booster service will operate in April and May 2022. This contract may be terminated by either the purchaser or the provider by giving 8 weeks' notice.

2. Service aims

- 2.1 The aims of this service are to:
- A. Assist in the delivery of the COVID-19 vaccination programme in Northern Ireland.
 - B. Provide increased accessibility and convenience for eligible patients to access COVID-19 vaccinations.
 - C. Lower the public health impact of COVID-19 morbidity and mortality especially for vulnerable people.
 - D. Reduce COVID-19-related illness, primary care consultations, unplanned hospital admissions and deaths.

3. Service outline

- 3.1 The duration of the service will be determined by the regional COVID-19 vaccination programme. This contract may be terminated by either the purchaser or the provider by giving 8 weeks' notice.
- 3.2 The COVID-CPVS can only be provided from community pharmacies where the contractor holds a contract with the HSCB to deliver the service. The community pharmacy must only administer vaccines for which they are contracted for by HSCB.
- 3.3. This service is available to those individuals who meet all of the following criteria:
- Are aged 18 years and over

Please note the JCVI recommended age for different vaccines may vary

And

- Are in an eligible cohort as defined by DoH COVID-19 vaccination programme

And

- Provide acceptable forms of identification (ID) - Patient eligibility for the service must be checked.

Please refer to

- **Appendices 1 and 2 for details on the eligible cohorts and vaccines available for the COVID-19 Vaccine primary doses**
- **Appendix 3 for details on the forms of Identification.**
- **Appendices 4 and 5 for details on the eligible cohorts and vaccines available for the COVID-19 Vaccine BOOSTER doses.**

- 3.4 The COVID-19 vaccine(s) must be administered under this service in line with the relevant PGD , vaccination protocol as issued by DoH or patient specific direction (see Appendix 6) issued by a prescriber.

The COVID-19 vaccine(s) included in this service are listed in Appendices 2 and 5. This will be updated as per DoH/PHA/MHRA guidance.

- 3.5 Where feasible, the individual pharmacy should be the provider of all doses of the COVID-19 vaccine to a patient as part of a multi dose regimen (when clinically appropriate). However, Community Pharmacies can administer a vaccination if a previous dose has been administered by another provider.
- 3.6 The service is provided by an appropriately trained, registered healthcare professional, authorised under the Health and Social Care Board (HSCB) and Public Health Agency (PHA) Patient Group Direction (PGD), the relevant vaccination protocol authorised by DoH, or a patient specific direction issued by a prescriber. The current PGD and relevant vaccination protocol can be downloaded at the [COVID-CPVS webpage](#)

If the individual administering vaccines is also the superintendent pharmacist or contractor, it may be unavoidable that the authorising manager is the same person as the practitioner, however this situation should be avoided, where possible.

- 3.7 The pharmacy contractor must ensure that vaccinations offered under this service are provided in line with “Immunisation against Infectious Disease” ([The Green Book](#)) and the PGD, relevant vaccination protocol, or patient specific direction which outlines all relevant details on the background, dosage, timings and administration of the vaccination, and disposal of clinical waste. See Appendix 2 for vaccine specific information in Northern Ireland.

Additional information on each vaccine can be found at:
[PHE COVID-19 vaccination programme: Information for healthcare practitioners](#)

- 3.8 The pharmacy contractor must have a standard operating procedure (SOP) in place for this service which must include as a minimum:
- The provision of the service to patients and the roles and responsibilities of different staff members.
 - The ongoing conditions under which the service needs to be provided (as specified in the service specification).

- The handling and storage of vaccines and maintenance of cold chain integrity.
- The system for arranging appointments. It would be beneficial to identify individuals who are unsuitable to be vaccinated at the point of booking.
- The system for administering the vaccine (including aseptic technique and use of multi-dose vial) and appropriate observation post vaccination.
- Avoiding and dealing with needle stick injuries.
- The identification and management of adverse reactions.
- The handling, removal and safe disposal of any clinical waste related to the provision of the service.
- Appropriate anaphylaxis arrangements.
- Appropriate infection control procedures to include but not limited to PPE requirements and disposal, environment decontamination, social distancing, face coverings for the public and hand hygiene.

3.9 All vaccines are to be stored in accordance with the manufacturer's instructions and all refrigerators in which vaccines are stored are required to have a maximum / minimum thermometer. Readings are to be taken and recorded from the thermometer on all working days.

3.10 Prior to vaccination, consent must be sought from each patient. Patients should be provided with information to allow them to make an informed decision about having the vaccine. This consent should cover:

- the administration of the vaccine
- sharing of information as per [privacy notice](#)
- Sharing of information that will take place for the appropriate recording of the vaccination in their GP practice record, if applicable.
- Information resources can be found at the [PHA COVID-19 Vaccination Programme information materials](#) webpage.
- Each patient receiving the AstraZeneca COVID-19 vaccination must be provided with adequate information on blood clotting prior to vaccination. [COVID-19 AstraZeneca vaccine and very rare blood clots | HSC Public Health Agency \(hscni.net\)](#)

Where a patient lacks capacity to provide consent, vaccinators must confirm that a record is in place indicating vaccination is in the patient's "best interests" by an appropriate person or representative.

Please note: if a patient is classed as "unregistered", i.e., patients eligible for healthcare in NI but who are not registered with a GP practice, they should be informed:

- The vaccination record may not be able to be shared/viewed with other providers (GP, Trust, etc.)

- The person will not be included in any call or recall for future vaccinations/boosters
- 3.11 For the management of individuals with a known history of allergies vaccinators should refer to the [Green Book Chapter 14a](#) and PGD or relevant vaccination protocol or PSD.
 - 3.12 Patients should be observed post vaccination where appropriate as per PGD or relevant protocol or PSD.
 - 3.13 Each patient being administered a vaccine must be given appropriate post vaccination advice, COVID-19 vaccination record card, details of the arrangements for further dose (if indicated), a copy of the manufacturer's patient information leaflet and a copy of the PHA leaflet [What to expect after your COVID-19 vaccination](#).
 - 3.14 Where a patient experiences a clinically significant adverse drug reaction following the initial vaccination this information should be shared with the GP practice [where identified] as soon as possible. In addition, this should be reported through the MHRA [Coronavirus yellow card reporting site](#).
 - 3.15 For the management of individuals who have allergic reactions to the first dose of a COVID-19 vaccine, vaccinators should refer to the [Green Book Chapter 14a](#) and PGD or any relevant vaccination protocol.
 - 3.16 The pharmacy contractor must ensure vaccinators have access to the contents of an anaphylaxis pack required to provide vaccinations which can be found within Chapter 8 of the [Green Book](#) (for more anaphylaxis guidance see 4.10 and the [PHA Management of Anaphylaxis in the Vaccination Setting](#) poster).
 - 3.17 The pharmacy contractor is required to report any patient safety or adverse incidents in line with HSCB clinical governance arrangements.
 - 3.18 Where the COVID-CPVS is undertaken at a location other than the pharmacy premises, the pharmacy contractor must:
 - Ensure that vaccinators have professional indemnity that covers off-site vaccinations.
 - Continue to adhere to all professional standards relating to vaccinations.
 - Ensure adequate space and social distancing for post vaccination observation.

- Follow appropriate cold-chain measures for transfer and storage of vaccines.
- Ensure appropriate security measures of vaccines are in place.
- Ensure that the setting used to administer the vaccinations is appropriate (including ensuring patient confidentiality).
- Ensure appropriate anaphylaxis arrangements are in place.
- Appropriately dispose of any clinical waste or personal protective equipment used during the vaccination process.
- Comply with the established Covid-19 testing protocols in place at the site of vaccination
- Ensure that a risk assessment has been undertaken to allow the management of vaccinations to occur at any site which is in or post outbreak [care homes]

3.19 HSC vaccines ordered through Movianto for use within this service must only be used for patients availing of the HSC service and not be used to provide a private service.

4. Training and premises requirements

4.1 Vaccinations can be offered in any area of the pharmacy or in any other appropriate location where suitable facilities are available and patient confidentiality is able to be maintained.

4.2 The service must be provided from an area of the pharmacy or location where infection control standards can be maintained (see section 5).

4.3 There must be a suitable area where patients can be observed post vaccination when appropriate. This area must have:

- Appropriate social distancing.
- Access to appropriate equipment such as adrenaline/anaphylaxis kits.
- Individual(s) suitably trained in basic life support techniques, and in recognising and responding to anaphylaxis to provide care should the patient suffer an adverse reaction to the vaccination.

4.4 The pharmacy contractor must ensure that individuals providing the service are competent to do so.

4.5 The pharmacy contractor must ensure individuals providing the service are working in line with [Training recommendations for COVID-19 vaccinators](#)

The pharmacy contractor must ensure all individuals vaccinating complete the [COVID-19 vaccinator competency assessment tool](#). Any training needs identified by the COVID-19 vaccinator competency assessment tool should be

addressed. Copies of the assessments should be held in the pharmacy. Additional training and information is available on the [PHA website](#).

- 4.6 The pharmacy contractor must ensure all vaccinators complete the [e-Learning for Health](#) modules on:
- Core Knowledge for vaccinators (mandatory)
- Core Knowledge for COVID-19 vaccinators
- Vaccine specific modules (where applicable)
- COVID-19 vaccine AstraZeneca
 - COVID-19 vaccine Moderna
 - Other vaccine specific modules as required.
- 4.7 The pharmacy contractor must ensure all vaccinators have completed Basic Life Support (BLS) and anaphylaxis training within the last year. This can be undertaken either on-line or face to face.
- 4.8 The pharmacy contractor must oversee and keep a record to confirm that all staff have undertaken the training prior to participating in administration of the vaccination.
- 4.9 The pharmacy contractor must ensure that individuals providing the service are working in line with [National Minimum Standards and core curriculum for immunisation training](#) and are compliant with the training requirements within those Standards that apply.
- 4.10 The contractor must be familiar with [Resuscitation Council UK \(RCUK\) guidance on Management of Anaphylaxis in the Vaccination Setting](#) and information in [Chapter 14a](#) of the Green Book.

The Resuscitation Council UK recently published updated information for use in any vaccination setting. On 4th January 2021, they also published an additional guidance document that clarifies guidance on the provision of oxygen within the vaccination setting. As part of this guidance a local risk assessment should be made by all vaccination settings considering the following:

- Remoteness of location.
- Ability to call for help (e.g. presence of a phone signal, landline).
- Access to an emergency ambulance or resuscitation team.
- Access and parking for ambulances, and ability of local ambulance service to respond to a 999 call.
- Location of people being vaccinated (e.g. small rooms, narrow doors, and stairs for accessing or moving individuals).

- 4.11 The pharmacy contractor must ensure that individuals involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated.
- 4.12 It is best practice for individuals providing the service to also be vaccinated against COVID-19 and seasonal influenza.

5. Infection Prevention and Control

- 5.1 The pharmacy contractor must ensure COVID-CPVS is provided in accordance with the guidelines on social distancing, hand hygiene and face coverings that are current at the time.
- 5.2 The pharmacy contractor must ensure COVID-CPVS is provided in line with the pharmacy's current COVID-19 SOP and that [PHA Infection Prevention and Control guidance](#) is followed.
- 5.3 The pharmacy contractor should ensure that infection prevention and control measures around cleaning and decontamination requirements as recommended by PHA are followed. Please refer to www.niinfectioncontrolmanual.net/cleaning-disinfection
- 5.4 For information relating to PPE, please refer to PHA guidance [Infection Prevention Control Guidance for Adult COVID-19 vaccination clinics](#)

6. Clinical Waste

- 6.1 Equipment used for immunisation, including used vials, ampoules, expired stock, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant 'sharps' box, according to local authority regulations and guidance in the technical memorandum 07-01: [Safe management of healthcare waste \(Department of Health, 2013\)](#). See Table below. There may be specific disposal requirements for individual vaccines (see PGD or relevant vaccination protocol).

Item	Waste Categorisation	Waste Sub-Category	Management Route	Packaging
Fully discharged: Needles Syringes Vials	Clinical	Waste whose collection and disposal is subject to special requirements in order to prevent infection	Alternative treatment	Orange lidded yellow sharps box
Partially discharged or full: Syringes Vials	Medicines	Medicines (excluding cytotoxic/cytostatic)	Incineration	Purple lidded yellow sharps box

AstraZeneca COVID-19 vaccine contains genetically modified organisms (GMOs). Sharps waste, empty vials, expired stock etc. should be placed into a **purple lidded sharps bin** and sent for incineration.

Moderna COVID-19 vaccine waste (i.e., Sharps waste, empty vials, expired stock etc.) should be placed into a purple lidded sharps bin and sent for incineration.

- 6.2 Packaging from COVID-19 vaccines should be disposed of as confidential waste.
- 6.3 Any blood-stained gauze or cotton wool should be placed in a clinical waste bag.
- 6.4 Local policy should be followed for disposal of PPE.
- 6.5 An additional sharps box (purple lidded 1 x 11L) and clinical waste bag was provided to community pharmacies by the HSCB via Cannon Hygiene Services (Initial). **These sharps boxes should be labelled/marked 'COVID Vaccination Service' for identification purposes.**

7. Vaccine ordering and storage

- 7.1 Ordering of the vaccine will be facilitated via Movianto. Please order using the online ordering system. For support in using this system, please contact Movianto Customer Services on 02890 795799 or info.ni@movianto.com . **Please note, it may take up to 5 working days for orders to be delivered.**
- 7.2 Pharmacies also need to order the syringes/needles for IM injection from Movianto and check pack size when ordering. In addition to the "standard"

needles, longer needles may be available from Movianto for IM injection of obese patients. Community pharmacies should contact Movianto if longer needles are required.

- 7.3 Manufacturer's Patient Information Leaflets (PILs) and COVID-19 vaccination record cards will be supplied by Movianto.
- AstraZeneca vaccine orders will automatically generate the required PILs and Vaccination cards.
 - If providing the Moderna vaccine, Manufacturer's PILs and vaccination record cards must be individually ordered by the pharmacy via the Movianto portal when ordering vaccine.
- 7.4 The pharmacy contractor must ensure upon delivery, the COVID-19 vaccine is immediately transferred to a fridge and stored as per manufacturer's instructions.
- 7.5 All refrigerators in which vaccines are stored are required to have a maximum/minimum thermometer. Readings are to be taken and recorded from the thermometer twice daily on all working days. Records should be kept for a period of 5 years.
- 7.6 COVID-19 vaccines supplied by Movianto to a registered pharmacy should normally be used in that pharmacy. Only by exception should vaccines be distributed to other pharmacies within corporate entities.

8. Cold-chain breaches

- 8.1 If vaccines are stored outside of the recommended manufacturer's requirements for longer than 20 minutes this is referred to as a significant cold-chain breach and immediate action is required. One off temperature fluctuations greater than +8°C lasting less than 20 minutes may occur when for example the vaccine refrigerator is being restocked. In this case the reason for the temperature excursion should be documented on the daily minimum/maximum temperature chart and no further action is required. All other unexplained / reoccurring temperature excursions are significant cold chain breaches and require immediate action.
- 8.2 For **significant cold-chain breaches** contact your local Trust Pharmacy Medicines Information Services, available Monday to Friday 9.00am - 5.00pm for assistance in risk assessment and decision making about whether the vaccine can be used or should be destroyed. Contact details are provided in the table below. Please email less urgent enquires and telephone if an enquiry

is urgent. If your local medicines information team are not available then please refer to the NI Regional Medicines Information Service for advice. Pharmacists can also reference the [SPS](#) website for further advice.

Quarantine any vaccines until a decision can be made based on information given by the Trust Medicines Information Service, as vaccines can sometimes still be used. Please bear in mind medicines information teams will sometimes have to prioritise more urgent patient-focused enquiries. Obtaining information from pharmaceutical companies and collating responses can take some time to complete and document, and may take anything from a few hours to a few days, depending on the circumstances. Therefore, to manage at a local level when there is an upcoming vaccine clinic, alternative stock should be used or new stock should be ordered for the clinic, if possible, whilst information is obtained about quarantined stock. Medicines Information pharmacists will always try to prioritise COVID-19 vaccination related enquiries.

Northern Ireland Medicines Information Services (NIMIS)

Monday to Friday 9.00am - 5.00pm

Trust	Email Address	Phone Number
Belfast Trust Regional Service	Medicineinfo@belfasttrust.hscni.net	028 95040558
South Eastern Trust Local Service	medicines.information@setrust.hscni.net	028 90561445 028 90484511 x10220
Western Trust Local Service	none	028 71611462 028 71345171 x213756
Northern Trust Local Service	1 st contact Specialist Vaccine Services Technician: Gillian Smith Alternative contact medicines.info@northerntrust.hscni.net	028 79366755 028 94424556 028 94424556 x4763
Southern Trust Local Service	medicinesinfo.cah@southerntrust.hscni.net	028 37563893 028 37563883

Note: Resources and information on vaccine stability are also available from the [Specialist Pharmacy Services](#)

- 8.3 If vaccines have been administered to patients prior to discovery of cold chain breach, it should also be reported to the PHA Duty Room (0300 555 0119) for further risk assessment including whether or not patients need revaccination following a cold chain breach.
- 8.4 Any cold chain breaches that result in the loss of vaccine should be reported immediately to HSCB local offices

9. Regional Vaccine Management System (VMS) reporting

- 9.1 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery.
- 9.2 All patients vaccinated via the COVID-CPVS must be recorded on the regional Vaccine Management System (VMS). This is a record that the vaccine has been supplied and administered in line with the COVID-CPVS and PGD, any relevant vaccination protocol, or patient specific direction.

Contractors should only add records for vaccines they have administered i.e. **do not record vaccines administered by other providers.**

- 9.3 Vaccination records must be entered onto the VMS on the same day as vaccine administration.
- 9.4 Upon vaccination record entry onto the VMS:
- a copy of the vaccination record will automatically be sent to the patient's registered GP within 24hrs, where appropriate (if patient is recorded on the H&C index).
 - data will automatically be sent to the BSO for pharmacy payment purposes.

Please note: if a patient is classed as "unregistered", i.e., patients eligible for healthcare in NI but who are not registered with a GP practice, they should be informed:

- The vaccination record will not be able to be shared/ viewed with other providers (GP, Trust, etc.)
 - The person will not be included in any call or recall for future vaccinations/boosters
- 9.5 HSCB would remind Community Pharmacies to review their information governance arrangements if additional devices (e.g. tablets/laptops etc.) are used. As Data Controllers, Community Pharmacies must process data in line

with data protection principles outlined in GDPR. Further guidance on this can be found on the ICO website at the following link: <https://ico.org.uk/for-organisations/>

- 9.6 If the use of additional devices introduces additional risks in terms of storage or processing of personal data (e.g. using an unencrypted device or unsecure means of data transfer) then pharmacies may need to amend their Privacy Notice to let the patient make an informed decision.
- 9.7 Records must be retained securely in line with the Department of Health Retention Policy identified in the document 'Good management, Good Records' which can be viewed at <https://www.health-ni.gov.uk/publications/good-management-good-records-disposal-schedule> and outlines the requirements for retention and disposal of community pharmacy held records.
- 9.8 In exceptional circumstances if VMS is not accessible at any stage of the service (for example due to a technology malfunction) a paper based record form can be downloaded from the [COVID-CPVS webpage](#). This can be used to record the details of the vaccination and must be added to VMS as soon as possible after the VMS becomes available again. Any paper based record forms should be disposed of in the confidential waste.
- 9.9 The paper based record form will not be accepted for payment.
- 9.10 Should HSCB request access to vaccination records, the pharmacy contractor will be required to submit all records within 14 days of receipt of the request.

10. Vaccine wastage

- 10.1 The pharmacy contractor must be able to maintain low levels of vaccine wastage. The current target across the DoH programme remains at 2%, however it is recognised that waste is unavoidable in some circumstances and that the primary goal should always be vaccination.
- 10.2 The pharmacy contractor must report the number of administered doses, wasted doses and expired stock to the HSCB on a weekly basis on the [BSO website](#).

11. Service availability

- 11.1 The pharmacy contractor should ensure that locums, relief pharmacists, and other individuals are adequately trained, so as to ensure continuity of service provision. **If the pharmacy temporarily or permanently ceases to provide the service, they should notify the HSCB immediately.**
- 11.2 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

12. Payment arrangements

- 12.1 Claims for payments for the COVID-CPVS will be based upon VMS data entry. It is important that any vaccine provided under a private arrangement is therefore NOT added to VMS.

The fees payable for COVID-CPVS provision will be processed monthly by BSO. The pharmacy contractor should monitor and record the number of vaccinations completed on a monthly basis for verification against BSO payments.

- 12.2 Payment will not be made for submitted paper based record forms.
- 12.3 Only in exceptional circumstances will late submissions be accepted for payment by the BSO up to six months post administration of the vaccination. Claims or submissions after this date will not be processed.
- 12.4 For the COVID-CPVS in the 2021/2022 year only, payment subject to budgetary approval will be £12.58 per administered dose of vaccine.
- 12.5 The pharmacy contractor will not be reimbursed or remunerated, under this service, for vaccines administered to patients who are not included in the COVID-19 vaccination programme.

13. Other terms and conditions

- 13.1 The pharmacy contractor should ensure that there are appropriate indemnity arrangements in place to provide this service. This agreement does not

abrogate the pharmacy or pharmacist from any of their professional duties or obligations and the PHA or HSCB cannot be held liable for any action or inaction by a pharmacy or pharmacist under the auspices of this agreement that may lead to client harm.

- 13.2 The pharmacy contractor will be notified if HSCB withdraw the COVID-CPVS due to unforeseen emergency pandemic pressures or issues.
- 13.3 Resources can be found at the [COVID-CPVS webpage](#).

Material for reading prior to vaccination (to be issued as appropriate) can be found at the link below

[COVID-19 Vaccination Programme information materials | HSC Public Health Agency \(hscni.net\)](#)

- 13.4 The pharmacy contractor shall not publicise the availability of the service, other than using any materials specifically provided by the HSCB (unless with the prior agreement of the HSCB) or publicise in any way which is inconsistent with the professional nature of the service.
- 13.5 The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of his/her registration with the service.
- 13.6 The pharmacy contractor shall ensure that service provision is in accordance with relevant professional standards and guidelines.

Appendix 1. Eligible cohorts under COVID-CPVS (**Primary**) and excluded patients or those that require special consideration (for AstraZeneca and Moderna Vaccination)

	Eligible cohort	Date Added to CPVS	Date Added to CPVS
		AstraZeneca (Vaxzevria®)	Moderna (Spikevax®)
1	All those 80 years of age and over Health and social care workers 40 years of age and over (see HSS(MD)82/2020 for prioritisation of staff in current phase of vaccine deployment)	From commencement of service Those HSCW aged 18-39 are temporarily not eligible for AZ vaccination as of 18 th June 2021	From 16 th September 2021
2	All those 75 years of age and over	From commencement of service	From 16 th September 2021
3	All those 70 years of age and over Clinically extremely vulnerable individuals (see Definition of clinically extremely vulnerable groups)	From commencement of service	From 16 th September 2021
4	All those 65 years of age and over	From commencement of service	From 16 th September 2021
5	All individuals aged 40 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality, as per JCVI advice. Note: AZ provision to those aged 18-39 years old is temporarily suspended as of 18 th June 2021	Eligibility amended 18th June 2021. May be eligible through GP service or within an alternative cohort	From 16 th September 2021
6	All those 60 years of age and over	From commencement of service	From 16 th September 2021
7	All those 50 -59 years of age	Included from 15 th March	From 16 th September 2021

	Eligible cohort	Date Added to CPVS	Date Added to CPVS
		AstraZeneca (Vaxzevria®)	Moderna (Spikevax®)
8	All those 45-49 years of age	Included from 31 st March 2021	From 16 th September 2021
9	All those 40-44 years of age	Included from 8 th April 2021	From 16 th September 2021
10	All those 35-39 years of age	AZ temporarily suspended 18 th June 2021. Can administer 2 nd dose if 1 st dose has already been administered prior to suspension	From 16 th September 2021
11	All those 30-34 years of age	AZ temporarily suspended 18 th June 2021. Can administer 2 nd dose if 1 st dose has already been administered prior to suspension	From 16 th September 2021
12	All those aged 25-29 years of age	AZ temporarily suspended 18 th June 2021. Can administer 2 nd dose if 1 st dose has already been administered prior to suspension	From 16 th September 2021
13	All those aged 18-24 years of age	AZ temporarily suspended 18 th June 2021. Can administer 2 nd dose if 1 st dose has already been administered prior to suspension	From 16 th September 2021

	Patient specific information relating to the Community Pharmacy COVID-19 vaccination service	AstraZeneca (Vaxzevria [®])	Moderna (Spikevax [®])
1	Patients who are, or believe themselves to be, pregnant and are yet to receive their first dose	Patients not included in the Community Pharmacy COVID-19 vaccination service	Proceed to vaccinate patient as advised in Green Book chapter 14a
2	Patients who are or believe themselves to be pregnant and have received their first dose	Patient should complete vaccination during pregnancy using the same vaccine product (unless contra-indicated) as advised in Green Book Chapter 14a	Proceed to vaccinate patient as advised in Green Book chapter 14a
3	Individuals who are breastfeeding	Patient should complete vaccination using the same vaccine product (unless contra-indicated) as advised in Green Book Chapter 14a	Proceed to vaccinate patient as advised in Green Book chapter 14a

JCVI has advised that women who are pregnant should be offered primary immunisation. Please see [Green Book Chapter 14a](#) for further information

	Patients not included in the Community Pharmacy COVID-19 vaccination service	AstraZeneca (Vaxzevria [®])	Moderna (Spikevax [®])
1	Those aged under 18 years old	Patients not included in the Community Pharmacy COVID-19 vaccination service	Patients not included in the Community Pharmacy COVID-19 vaccination service

Severely immunosuppressed patients

From 20 September 2021 named severely immunosuppressed patients were [authorised](#) by the JCVI to receive a third primary COVID-19 vaccination dose. **Please refer to [DoH correspondence](#) (20th September 2021) for detail on preferred vaccine to be used.**

Verification of Eligibility

Please see Appendix 3 (Community Pharmacy COVID Vaccination Service – Acceptable Forms of ID) for information on verification of patient identity

Appendix 2. COVID-19 Primary dose vaccinations recommended intervals in Northern Ireland

Vaccines Included in Service	Date added
COVID-19 AstraZeneca vaccine Note: The recommended dosage interval between the first and second dose is 8 weeks HSS(MD) 52/2021	From commencement of service
COVID-19 Moderna vaccine Note: The recommended dosage interval between the first and second dose is 8 weeks	From 16 th September 2021

For those patients, identified by their GP as severely immunosuppressed and recommended for a 3rd primary dose, the dosing interval between the 2nd, and 3rd dose may vary due to treatment schedules or specialist advice. The preferred date range for the patient to receive their 3rd primary dose will be stated in the patient's GP or Trust clinician referral letter. Please refer to [DoH correspondence](#) (20th September 2021) for detail on preferred dosing intervals.

If the patient's community pharmacy is unable to facilitate a vaccination within the stated time frame, the patient should be advised to use the interactive map available on the [HSCB](#) website to locate alternative vaccinating pharmacies. In the event that no appropriate vaccination appointment is available to the patient within the community pharmacy network, within the stated time frame, the patient should be referred back to their GP for further advice

Appendix 3 CPVS ID requirements

Community Pharmacy COVID Vaccination Service – Acceptable Forms of ID

Patients presenting to the pharmacy must have their identity verified in one of the following ways. In addition to this, the patient details **should** try to be matched on the VMS prior to vaccination. If this is not successful, please refer to the additional criteria section for more information.

1. Photographic ID with Date of Birth

Examples include:

- Passport
- Driving Licence
- Travel Pass
- HSCW ID badge
- Electoral Identity Card

N.B. Photographic ID which has passed its expiration date is acceptable as long as the patient is still recognisable from the photograph.

OR

2. A combination of TWO of the following documents:

- Birth certificate
- Adoption Certificate
- Certificate of registration or naturalisation
- Citizen card
- ID from organisations or charities/support groups the patient is involved in which verifies name and date of birth but does not include a photograph:
 - JAM cards
 - brain injury identity cards
 - carers identification
- Utility Bill (from different suppliers)
- Letter from a government organisation, such as HMRC or Benefits Office.
- Student Card
- HSCW ID badge without photograph/DOB
- Travel pass without photographic ID/DOB
- Armed forces identity card
- Student loan account
- Mortgage account
- Credit account
- a proof of age card recognised under PASS with a unique reference number

- a loan account (including hire purchase accounts)
- a bank, building society or credit union current account (which the claimed identity can show by giving you a bank card)
- a 'high' electronic identity from a notified eIDAS scheme

OR

3. The Patient is known to be eligible by the Pharmacist and has a PMR with the pharmacy.

****Additional criteria****

As well as providing the ID requirements listed above, if the patient falls under any of the following categories, additional criteria may also apply as detailed below:

- **Students** – A person, in further education, ordinarily resident in Northern Ireland or Great Britain or a person that is classed as an international student studying at a UK institution.
 - Patient will need their student card from the educational setting (such as university) and proof of NI address
- **Migrant workers** - A migrant worker is defined as someone who has come to Northern Ireland to work and who is neither a national of the United Kingdom nor the Republic of Ireland.
 - Patient must present a letter from their employer
- **DoH authorised** - This may be a number of different types of individuals where the DoH have approved vaccination e.g. a person not normally resident in NI who has had a first dose in another region of the UK.
 - Approval for vaccination will be confirmed by receipt of a DOH email or letter.
- **Homeless** - A person may be homeless if they are:
 - staying with friends or family
 - staying in a hostel
 - staying in a bed and breakfast
 - living in very overcrowded conditions
 - at risk of violence if they stay in their home
 - living in poor conditions that are damaging their health
 - living in a house that is unsuitable for them
 - rough sleeping
 - Pharmacist may have to use discretion as they may not have documents
- **Other** – This category should only be used if an unregistered patient does not fit into any of the categories specified above.
 - ID requirements for specific groups will be as per DoH, when announced.

Severely immunosuppressed - 3rd primary dose or booster dose

The vast majority of individuals are likely to be identified by their secondary care clinician but some individuals may be only known by their GP. As per [DoH correspondence](#) (20th Sept 2021), patients who have been prescribed high dose steroids (and if they are not also currently receiving treatment via secondary care), will be identified by their GP and issued with a letter recommending that they receive a 3rd primary dose or booster dose via a local community pharmacy preferably using an mRNA vaccine, i.e., Moderna.

This letter must be evidenced to the pharmacist as proof of eligibility for 3rd primary dose or booster dose.

Trust identified patients may also be vaccinated by community pharmacy on presentation of their Trust recommendation letter.

Adult Household contacts of Immunosuppressed Individuals

As per [DoH correspondence](#), immunosuppressed individuals will be identified by GPs/Trusts and a letter issued to them advising that those who live with them are eligible to receive a booster dose from their GP or community pharmacy. This letter must be evidenced to the pharmacist as proof of eligibility for the booster dose.

The Spring Booster Campaign 2022 – see Appendix 4

As a precautionary strategy for 2022, JCVI advises an extra Spring 2022 booster dose, **around 6 months** after the last vaccine dose, should be offered to:

- Adults aged 75 years and over
- Residents in a care home for older adults
- Individuals aged 12 years and over who are immunosuppressed, as defined in the [Green Book](#)

The vast majority of people aged over 75 will reach an interval of **around six months** from their previous dose between March and June 2022. Although vaccination should ideally be offered around six months from any previous dose, **operational flexibility** may be used. **For example, individuals in care homes or housebound patients may be offered the booster alongside other residents providing there is at least three months from the previous dose.**

Immunosuppressed individuals who have received an additional primary dose may have received the booster (fourth) dose more recently. These latter individuals and other eligible people who received their last vaccine more recently should also be offered the booster during the spring campaign providing there is at least three months from the previous dose. This will ensure they have additional protection

against a potential summer wave and will align with their peers to facilitate an autumn programme.

Someone in an eligible group who has received a full course of primary vaccination (two or three doses) but has not received their first booster by March 2022, may be given the spring booster in the campaign provided there is at least three months from the previous dose. An additional dose is not then recommended before the autumn. The vaccines offered should follow the age-appropriate advice as for other reinforcing doses (see [Green Book](#)).

AstraZeneca Booster – specific individuals only

As per [DoH correspondence](#) and subsequent [addendum](#), the Astra Zeneca booster must only be administered to patients (aged 18 years and over) who are able to evidence a letter from their GP or Trust clinician advising that an AZ booster is required and who are otherwise eligible for booster vaccination. Such individuals must have received an AZ vaccination as part of their primary course.

Appendix 4. Eligible cohorts under the COVID- booster CPVS

	Eligible cohort	Date Added to CPVS BOOSTER	Date Added to CPVS BOOSTER
		AstraZeneca (Vaxzevria®)	Moderna (Spikevax®)
1	¹ Frontline health and social care workers	14 th November 2021 (as per DoH correspondence)	Included from 24 September 2021
2	All those 50 years of age and over	14 th November 2021 (as per DoH correspondence) (see note 1)	Included from 24 September 2021
3	Carers	14 th November 2021 (as per DoH correspondence) (see note 1)	Included from 10 November 2021
4	Household Contacts of Immunosuppressed Individuals	14 th November 2021 (as per DoH correspondence) (see note 1)	Included from 10 November 2021
5	All those aged 40-49 years	30 th November 2021 (as per DoH correspondence) (see note 1)	Included from 30 th November 2021 (as per DoH correspondence)
6	All those aged 18 years and over	30 th November 2021 (as per DoH correspondence and subsequent addendum) (see note 1)	Date of inclusion of individual age groupings determined by DoH (see note 2)
7	Spring 2022 booster dose, around 6 months after the last vaccine dose. Adults aged 75 years and over Residents in a care home Individuals aged 18* years and over who are immunosuppressed, as defined in the Green Book	25 th March 2022 as per DoH correspondence (*see note 3)	Included from 25 th March 2022 as per DoH correspondence (*see note 3)

¹ Frontline HSCWs are defined by DoH as HSCWs that are 'patient facing'

Note 1	For those identified by GP or Trust clinician as requiring an AZ booster dose, such individuals must meet all of the following: <ul style="list-style-type: none"> • Individuals eligible for a booster dose as part of the national COVID-19 vaccination programme and subsequent correspondence / publications from Northern Ireland Department of Health • have received at least one AZ vaccination as part of their primary COVID-19 vaccination course, • must be aged over 18 years old • must be able to evidence a GP/ Trust referral letter recommending them for an AZ booster vaccine.
Note 2	Community Pharmacists will be informed by HSCB correspondence as each prioritised group is included within the community pharmacy booster vaccination service
Note 3	Community Pharmacy service operates for 18 years and older, therefore individuals 18 years and older who are immunosuppressed are eligible for Spring 2022 booster

In December 2021, following the recognition of pregnancy as a risk factor for severe COVID-19 infection and poor pregnancy outcomes during the Delta wave, pregnancy was added to the clinical risk groups (table 3 and table 4)

[COVID-19 Greenbook chapter 14a \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Severely immunosuppressed – booster doses

Patients will be identified by their GP or Trust clinician and issued with a letter recommending that they receive a booster dose via a local community pharmacy preferably using an mRNA vaccine, i.e., Moderna.

This letter must be evidenced to the pharmacist as proof of eligibility for booster dose.

	Patients not included in the Community Pharmacy COVID-19 BOOSTER vaccination service	AstraZeneca (Vaxzevria [®])	Moderna (Spikevax [®])
1	Those aged under 18 years old	Patients not included in the Community Pharmacy BOOSTER COVID-19 vaccination service	Patients not included in the Community Pharmacy BOOSTER COVID-19 vaccination service

Appendix 5. Selection of the COVID-19 booster Vaccine to be administered

Moderna Booster

Individuals should be offered a 0.25ml dose (50µg) of the Moderna (mRNA-1273/Spikevax[®]) vaccine, which should be well tolerated and is also likely to provide a strong booster response. A 0.25ml dose (50µg) of Moderna (mRNA-1273/Spikevax[®]) vaccine is advised over a full dose due to the levels of reactogenicity seen following boosting with a full dose within the COV-BOOST trial.

Where mRNA vaccines cannot be used e.g. due to a contraindication, any patients affected should not have an alternative COVID-19 booster vaccination in a community pharmacy but should be referred to their GP for advice on booster vaccination.

AstraZeneca Booster – specific individuals only

The Astra Zeneca booster (0.5ml dose) must only be administered to patients (aged 18 years or over) who are able to evidence a letter from their GP or Trust clinician advising that an AZ booster is required. Please see [DoH correspondence](#) and subsequent [addendum](#) for further information. Such individuals must have received an AZ vaccination as part of their primary course

Appendix 6. Information required in a Patient Specific Direction for administration of a medicine

The information required in a PSD for administration of a medicine at a minimum should include:

- Name of patient and/or other individual patient identifiers including age if a child
- Name, form and strength of medicine (generic or brand name where appropriate)
- Route of administration
- Dose
- Frequency
- Date of treatment/number of doses/frequency/date treatment ends as applicable.
- Signature of prescriber and date PSD written.

Further details at link <https://www.sps.nhs.uk/articles/questions-about-patient-specific-directions-psd/>

**This document is correct at the time of publishing.
In light of COVID-19, guidance may be subject to change.
For access to all resources in relation to this service and
to keep up to date, please visit
<https://hscbusiness.hscni.net/services/3250.htm>**

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