



Pharmacy Technicians and Patient Group Directions

Covid-19 preparedness – Case for change

This paper has been submitted to a range of key stakeholders to lobby for Pharmacy Technician inclusion in the list of healthcare professionals able to supply and administer medicines via a PGD

Background

Pharmacy Technicians have been registered health care professionals with the General Pharmaceutical Council since June 2011.

The list of healthcare professionals that can administer medicines under a Patient Group Directive (PGD) does not currently include pharmacy technicians.

This paper outlines the case for change to include pharmacy technicians in the list of healthcare professionals who can supply and/or administer medicines as part of a PGD. The rationale for requesting inclusion is to ensure that pharmacy technicians can contribute to supporting the healthcare response to Covid-19 and beyond.

Pharmacy Technicians are currently engaged in direct patient care in all health care settings. They have roles in primary, secondary and tertiary care, supporting patients in community pharmacies, general practices, hospitals, care homes and in the health and justice settings.

Covid-19 and Influenza Vaccination Programme

The introduction of the Coronavirus Act 2020 provides the opportunity to utilise the skills of pharmacy technicians to build capacity of the number of healthcare workers able to support imminent mass vaccination programmes. Introduction now would enable effective training to be undertaken and the correct governance procedures to be embedded.

Once a COVID-19 vaccine is developed and mass immunisation programmes are required, the pharmacy technician workforce will be an invaluable resource in all sectors, from community pharmacy and care/residential homes in primary care to clinics and wards in secondary care. They will be able to vaccinate patients and carers, but also add value through peer vaccination programmes, supporting Occupational Health colleagues across organisations.

Future proofing examples

There are multiple areas in which pharmacy technicians could work under PGDs to expand capacity to deliver services to patients and local populations that various health providers serve

Other areas that would benefit from Pharmacy Technicians being able to work under a PGD:

- All treatments for minor ailments specified in the NHS Community Pharmacy Contractual Framework's Enhanced Service – Minor Ailment Service, in England; the



Pharmacy First Service in Scotland and the Common Ailments Service in Wales. These include: Fusidic Acid for impetigo, chloramphenicol for conjunctivitis, (awareness of Antimicrobial Resistance principles) hydrocortisone for mild skin conditions, clotrimazole for vaginal thrush.

- Administration of travel vaccinations, e.g. Typhoid, Hepatitis A, meningitis
- Administration of influenza vaccinations – adult and child
- Administration of other vaccinations, e.g. pneumococcal, HPV, Hepatitis B
- Supply and/or Administration of Emergency Hormonal Contraception (EHC) in community pharmacy, Out Of Hours Services and Emergency Departments
- Supply of contraceptives e.g. pill (POP or COC), transdermal patch or vaginal ring
- Supply of specific medicines to people with diagnosed Atrial Fibrillation (AF), following review
- Supply of anti-hypertensives from primary and secondary care clinics
- Supply of specific antibiotics for the treatment of uncomplicated Chlamydia, UTIs or other infections
- Supply of TTA (To Take Away) packs to aid discharge in multiple specialties within secondary care e.g. analgesia, laxatives, Low Molecular Weight Heparin (LWMH) for discharge post-surgery / postnatally
- Supply of Clozapine from clinic within Mental Health Trusts
- Supply and / or administration of End of Life Care (EOLC) medicines in community and primary care to support capacity in community services and medicines optimisation in care homes
- Supply of medicines following asthma and Chronic Obstructive Pulmonary Disease (COPD) reviews in GP surgeries and secondary care
- Supply of anticoagulant medicines in bridging clinics in secondary care

Dependent on the PGD, the level of assessed competency would be specified to reflect the level of knowledge required to operate under its governance arrangements.

Proposed Operating Model – Assurance and Governance (appendix 1– 3)

Pharmacy technicians are capable of safely and effectively administering vaccinations, evidence of this can be found at the end of the paper. They should follow the same principles of practice as pharmacists and other healthcare professionals in terms of competency-based training and assessment of skills and knowledge. Therefore, the governance model is already defined. This may enable the process to be delivered at pace.

In England, assurance is provided via the Declaration of Competence (DoC) system which is hosted by the Centre Postgraduate Pharmacy Education and supported for use by NHS England, Public Health England, and Health Education England. It was developed for pharmacy professionals to demonstrate that they have the appropriate knowledge, skills, and behaviours to deliver high-quality, consistent services.

DoC is a self-assessment framework, supported by a robust learning and assessment pathway which enables pharmacy professionals to provide assurance that they are competent and meet the requirements to provide a specific pharmacy service. An example of a DoC can be found on the CPPE website (last accessed 11 May 2020). The DoC for Vaccination Services which could be adapted to incorporate COVID-19 vaccinations in due course can also be found on the website – LINK (last accessed 11 May 2020). Completion of



the DoC leads to certification; an example of the certificate can be found at Appendix 1. An example PGD for Administration of COVID-19 vaccination can be found at Appendix 2.

This model could be replicated and explored across the UK.

Although the initial request is being made under the Coronavirus Act 2020, the Association of Pharmacy Technicians UK would encourage a change in wider legislation to enable the contribution of an additional healthcare profession to utilise their knowledge and skills to widen capacity in the healthcare system for patients.

Benefits

The local pharmacy is often the hub of a community and the most accessible form of healthcare. The extended hours and incredible efforts of community pharmacy teams during the initial phase of the Covid-19 pandemic has been recognised at national level by politicians and locally by members of the community. Pharmacy professionals play an important part in delivery of the Public Health education and services and the pharmacy technician are often the first person that patients and customers communicate with.

The benefits of PGDs in community pharmacy are well recognised in the home nations, and individual countries have established nationally commissioned programmes on the back of successful pilots. The inclusion of pharmacy technicians in the list of healthcare professionals who can work under PGDs would increase capacity to deliver services by up to approximately 40% (based on the ratio of pharmacists: pharmacy technicians on the GPhC register).

Based on [PSNC's Think Pharmacy Prospectus](#) (last accessed 11 May 2020), there are significant cost and time savings to be realised by delivery of services through community pharmacy that traditionally would impact on GP surgeries, out of hours services and emergency departments. In fact, the wider healthcare economy would benefit significantly because it is estimated that in England alone, 57 million visits to GPs are made every year for minor ailments and the average adult patient has to wait four weeks for a consultation or diagnosis, but many are waiting up to seven weeks.

In the pilot studies, the evaluations showed that the majority of service users would have contacted their GP or Out Of Hours service if they could not use the service (upward of 75%). The equivalent of one day per week can be released for every GP to see patients with more complex needs when pharmacist undertake this service so if capacity was increased through the introduction of pharmacy technicians, it could potentially reduce patient waiting times further.

The Medicines Optimisation in Care Homes (MOCH) programme is another key area that would benefit from extension to the scope of pharmacy technicians to match the acquisition of clinical knowledge and skills delivered by the programme.

As the role of the pharmacy professionals continues to grow in all sectors, enabling pharmacy technicians to administer vaccinations and operate under PGDs is likely to improve workflow and job satisfaction.

Expanding the role with a definite example of how pharmacy technicians can support direct patient care will provide a more interesting career pathway.



There is a real desire now evidenced through ‘Bring Back Staff’ and ‘Return to Register’ schemes that people want to support healthcare and contribute, now is the time to capitalise on this for future professionals to join the register.

Having another healthcare professional trained and able to vaccinate should improve immunisation rates and reduce the public health impact of vaccine-preventable diseases, including Covid-19.

Proposal

Support a change in legislation under the Coronavirus Act 2020 to enable Pharmacy Technicians to supply and administer to support NHS services as part of pandemic recovery plans

- Covid-19 Vaccine
- Influenza Vaccine
- All treatments for minor ailments specified in the NHS Community Pharmacy Contractual Framework’s Enhanced Service – Minor Ailment Service, in England; the Pharmacy First Service in Scotland and the Common Ailments Service in Wales. These include: Fusidic Acid for impetigo, chloramphenicol for conjunctivitis, (awareness of Antimicrobial Resistance principles) hydrocortisone for mild skin conditions, clotrimazole for vaginal thrush.
- Supply of Clozapine from clinic within Mental Health Trusts
- Supply and / or administration of End of Life Care (EOLC) medicines in community and primary care to support capacity in community services and medicines optimisation in care homes
- Supply of medicines following asthma and Chronic Obstructive Pulmonary Disease (COPD) reviews in GP surgeries and secondary care
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Acknowledgement – Matthew Shaw

May 2020



Appendix 1

Evidence Base

There is an increasing body of evidence from the USA and Canada of the positive impact that pharmacy technicians can make around immunisation following suitable training. This provides a strong evidence base for Pharmacy Technicians in the UK to build on.

Pharmacy Times

An Update on Technicians as Immunizers 2019-03-19 Kimberly C. Mckeirnan, PharmD, BCACP

“A shining example of the success of training pharmacy technicians who administer immunizations has been seen with Lieutenant Commander Doctor (LCDR) Greg Sarchet, PharmD, BCPS, NCPS. LCDR Sarchet works at Whiteriver Indian Hospital in Whiteriver, Arizona, overseeing several pharmacy technicians who now administer immunizations. In an exciting step forward, these technicians are administering immunizations to patients of all ages, including pediatric patients. The technicians also travel with pharmacists to perform patient home visits, which may include pediatric catch-up vaccines from missed well-child visits. As a result of these efforts, LCDR Sarchet was selected to receive the 2018 CDC Childhood Immunization Champion Award for his dedication to increasing immunization rates among Native American children.”

Idaho Leading the Way in Advancing Technician Roles in Immunizations 2018-03-30 13:44:00 Kimberly McKeirnan, PharmD, BCACP, Pharmacy Times article was co-written by Kyle Frazier, PharmD Ref: <https://www.pharmacytimes.com/contributor/kimberly-mckeirnan-pharmd/2018/03/idaho-leading-the-way-in-advancing-technician-roles-in-immunizations-> (last accessed 11 May 2020)

“Vaccine-preventable diseases are a serious public health concern because they may cause long-term illness, hospitalizations or death...

One method of addressing low vaccination rates is through immunizations provided in the pharmacy...

As of April 2017, the Idaho Board of Pharmacy made a change to their legislation regarding the administration of immunizations.¹⁰ Pharmacists in Idaho may now delegate the technical task of administering an immunization to a certified technician. This change does not allow the pharmacy technician to perform the clinical judgement on the appropriateness of the immunization, but instead allows for the task of physically administering the immunization to be delegated...



This legislation requires the technician to hold a current certification in basic life support and complete an ACPE-accredited course on appropriate immunization administration technique. This does not change any other parts of the immunization process. Currently, in Idaho, there are no limitations on types of vaccine, routes, ages or administration sites for pharmacists and this has been extended to include the technician as well.”

Pharmacy Technician-Administered Vaccines, Alex J. Adams, Shane P. Desselle and Kimberly C. McKeirnan, Pharmacy (Basel) 29 Nov 2018 Ref: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6306786/> (last accessed 11 May 2020)

“The role of pharmacy technicians continues to advance globally. Pharmacy technicians are taking on broader roles with both medication dispensing support and clinical service support. The pharmacy profession in the United States (U.S.) faces the challenge of having national education standards and increasingly regional and national employers of technicians while each individual state determines what tasks pharmacy technicians can perform in their jurisdiction.

Recently, several U.S. states have considered public policy changes to allow pharmacy technicians to administer vaccines”

Emergency Use Naloxone in British Columbia, College of Pharmacists British Columbia, <https://www.bcpharmacists.org/naloxone> (last accessed 11 May 2020)

“In conjunction with the rescheduling of naloxone, amendments have been made to the Health Professions General Regulation adding an “exception for opioid overdose” which authorizes all health professionals to administer emergency use naloxone (outside of a hospital setting), even when administering a drug may not be within their scope of practice.

This means if a pharmacist or pharmacy technician suspects a person is suffering from an opioid overdose, they may assess and treat the person and administer emergency use naloxone by intramuscular injection or intranasally.”



Appendix 2 – Example of DoC Certificate



Declaration of Competence statement to provide a vaccination service

Pharmacy professional:	
GPhC number:	

CPPE learning and assessment

The above pharmacy professional has accessed the following learning and successfully completed the listed assessment(s) from the Centre for Pharmacy Postgraduate Education (CPPE).

Vaccination service

Consultation skills for pharmacy practice	e-assessment	30/05/2016
Consultation skills for pharmacy practice: taking a patient-centred approach	distance learning	28/07/2014
Consultation skills: what good practice looks like	e-learning	05/10/2016
Influenza	e-learning	03/05/2020
Safeguarding children and vulnerable adults: a guide for the pharmacy team	e-learning	20/02/2017
Safeguarding children and vulnerable adults: Level 2 (2017)	e-assessment	20/02/2017
e-LfH Corona Virus Programme	e-learning	31/05/2020

NB: e-learning and distance learning programmes are verified by successful completion of the associated assessments.

Learning and assessment completed from other providers (please add below)

A.N. Other Provider Administration of vaccinations training	face-to-face	31/05/2020
A.N. Employer / training provider Supervised clinical practice: administering vaccines	face-to-face	31/05/2020

Please declare competence overleaf



Declaration by pharmacy professional: I declare that (please complete and tick, as appropriate):

This declaration applies to the provision of (select the vaccination service you are competent to provide in this box):	
NHS Seasonal Influenza Vaccination Advanced Service	<input type="checkbox"/>
Locally commissioned influenza vaccination	<input type="checkbox"/>
Pneumococcal vaccination	<input type="checkbox"/>
NHS COVID-19 vaccination Service	<input type="checkbox"/>
Locally commissioned C-19 vaccination	<input type="checkbox"/>

Declaration by pharmacy professional: I declare that (please tick as appropriate)

I meet BOTH the underlying professional core competencies outlined in statements 1 and 2.	<input type="checkbox"/>
I am a registered pharmacy professional and have completed the self-assessment framework of service-specific competencies for a vaccination service(s) and answered yes to ALL of the statements a to o	<input type="checkbox"/>
I am a registered pharmacy professional and have been commissioned to provide a vaccination service(s) off the pharmacy premises and have answered yes to statements a to r	<input type="checkbox"/>
I have reviewed the policies and documentation from commissioners for this service(s) and reviewed and/or developed relevant SOP(s) in my practice.	<input type="checkbox"/>
The information above is a true representation of my learning and assessment.	<input type="checkbox"/>
I have the necessary knowledge and skills to provide the vaccination service(s) and can demonstrate these skills	<input type="checkbox"/>
I am a registered pharmacy professional and have signed and attached a copy of the relevant PGD(s) for this service(s)	<input type="checkbox"/>
My practical training for basic life support, administration of adrenaline for anaphylaxis and injection technique is fully up to date as outlined in the National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners and was last completed on (insert date):.....	<input type="checkbox"/>
I am a registered pharmacy professional who has not vaccinated patients before or I have identified a need to undertake supervised clinical practice and I commit to undertake a period of supervised clinical practice.	<input type="checkbox"/>

Signature of registered pharmacy professional:

Date:.....



Appendix 3 - Example of a PGD incorporating pharmacy technicians (based on national influenza PGD in England)

PATIENT GROUP DIRECTION (PGD)

Administration of COVID-19 vaccine to adults in accordance with the national COVID-19 immunisation programme.

This PGD is for the administration of COVID-19 vaccine by pharmacy technicians and pharmacists delivering COVID-19 vaccination services.

A PHARMACY TECHNICIAN / PHARMACIST MUST BE AUTHORISED BY NAME TO WORK ACCORDING TO THE CURRENT VERSION OF THIS PGD BY SIGNING THE FINAL SECTION. A MANAGER WITH THE RELEVANT LEVEL OF AUTHORITY SHOULD ALSO PROVIDE A COUNTER SIGNATURE.

Practitioners must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.

[INSERT GOVERNANCE SIGN OFF DETAILS FOR INDIVIDUAL ORGANISATION OR NATIONAL ORGANISATION ACCEPTING RESPONSIBILITY]

1. Organisational Authorisations

X NHS Trust's Board / X National Body accepts governance responsibility for this PGD via the Non-Medical Prescriber's Committee / X National Commissioning Organisation. Any practitioner providing the service must work strictly within the terms of this PGD. Any deviation will be treated as a serious contractual breach. X Trust / X National Body authorises this PGD for use by registered pharmacy professionals delivering the COVID-19 vaccination service.

Organisational approval (legal requirement)			
Role	Name (printed)	Signature	Date



2. Requirements for Practitioners

Qualifications and Professional Registration	Pharmacy Technicians or Pharmacists, registered with the General Pharmaceutical Council (GPhC).
Additional Requirements	<p>Pharmacy Technicians and Pharmacists:</p> <ul style="list-style-type: none"> • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it (by completion of Final Section) • must have undertaken appropriate training for working under PGDs for supply/administration of medicines as required by the vaccination service specification, the declaration of competence for vaccination services and in line with the National Minimum Standards and Core Curriculum for Immunisation Training • must be competent in the use of PGDs (see NICE competency framework for health professionals using PGDs) • must be familiar with the vaccine products and alert to changes in their Summary of Product Characteristics (SPC), Immunisation Against Infectious Disease ('The Green Book'), and the national immunisation programme • must be competent to undertake immunisation and to discuss issues related to immunisation • must be competent in the handling and storage of vaccines, and management of the 'cold chain' as outlined in the CPPE declaration of competence for vaccination services • must be competent in the recognition and management of anaphylaxis • must have access to the PGD and associated online resources. <p>THE PHARMACY TECHNICIAN / PHARMACIST MUST BE AUTHORISED BY NAME, UNDER THE CURRENT AUTHORISED VERSION OF THIS PGD BEFORE WORKING UNDER ITS AUTHORITY.</p>
Continued Training Requirements	<p>Registered Pharmacy Professionals should ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of anaphylaxis, with evidence of appropriate Continuing Professional Development (CPD). They should be constantly alert to any subsequent recommendations from PHE and/or NHS England (or equivalent body in other countries) and other sources of medicines information.</p> <p>Note: The most current national recommendations should be followed. However, if updated recommendations mean that to vaccinate the individual would be outside the scope of this PGD, the individual should be referred to their GP or Consultant for vaccination.</p>



3. Clinical condition or situation to which this PGD applies

<p>Clinical condition or situation to which this PGD applies</p>	
<p>Criteria for inclusion</p>	<p>Covid-19 vaccinations may be offered to the following groups:</p> <ul style="list-style-type: none"> • adults aged from 18 years to X years of age in a clinical risk group (see Appendix -TBC) such as: chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis or chronic heart disease, such as heart failure or chronic kidney disease at stage 3, 4 or 5 or chronic liver disease or chronic neurological disease, such as Parkinson’s disease or motor neurone disease, or learning disability or diabetes or asplenia or splenic dysfunction or a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment) or morbidly obese (defined as BMI of 40 and above) • adults (aged 18 years and over) living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions or university halls of residence • adults (aged 18 years and over) who are in receipt of a carer’s allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill • adult household contacts (aged 18 years and over) of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable • health and social care staff (aged 18 years and over), employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza • health and care staff (aged 18 years and over), employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients • health and care staff (aged 18 years and over), employed by an NHS Trust, who are directly involved in the care of vulnerable patients
<p>Criteria for exclusion</p>	<p>TBC based on risk when a vaccine is developed but will also include:</p> <ul style="list-style-type: none"> • Individuals for whom no valid consent has been received • People who: <ul style="list-style-type: none"> ○ are less than 18 years of age ○ have had a confirmed anaphylactic reaction to a previous dose of the vaccine ○ have had a confirmed anaphylactic reaction to any component of the vaccine or residues from the manufacturing process



	<ul style="list-style-type: none"> ○ ?have received a complete dose of the recommended covid-19 vaccine for the current season ○ are suffering from acute severe febrile illness
Cautions including any relevant action to be taken	<p>Individuals with a bleeding disorder may develop a haematoma at the injection site.</p> <p>Individuals with a severe anaphylaxis to egg which has previously required intensive care can be immunised in any setting using an egg-free vaccine. Individuals with less severe egg allergy can be immunised in any setting using an egg-free vaccine or COVID-19 vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms for 0.5 ml dose).</p> <p>Syncope (fainting) can occur following, or even before, any vaccination as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints.</p>
Action to be taken if the patient is excluded	<p>The risk to the individual of not being immunised should be taken into account. The indications for COVID-19 vaccination are not exhaustive, and registered pharmacy professionals should take into account the risk of COVID-19 exacerbating any underlying disease that an individual may have, as well as the risk of serious illness from COVID-19 itself and refer individuals to their GP / Consultant for immunisation where appropriate.</p> <p>All individuals under 18 years of age who are in a clinical risk group (including those who are pregnant) should be referred to their GP for immunisation. In case of postponement due to acute illness, advise when the individual can be vaccinated and ensure another appointment is arranged. Document the reason for exclusion and any action taken in the individual's clinical records.</p>
Action to be taken if the patient or carer declines treatment	<p>Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained for each administration. Advise the individual/carers about the protective effects of the vaccine, the risks of infection and potential complications if not immunised. Document advice given and decision reached and inform patient's GP as appropriate.</p>
Arrangements for referral for medical advice	<p>Refer to individual's GP or Consultant.</p>



4. Description of Treatment

Name, strength & formulation of drug	TBC – COVID-19
Legal category	Prescription only medicine (POM).
Black triangle	TBC – COVID-19
Off-label use	N/A
Route / method of administration	<p>TBC – COVID-19</p> <p>Administer by intramuscular injection, preferably into the deltoid region of the upper arm.</p> <p>Individuals on stable anticoagulation therapy, including individuals on warfarin who are up-to-date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual's anticoagulant therapy.</p> <p>Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. If the individual receives medication/treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication/treatment is administered. A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual/carer should be informed about the risk of haematoma from the injection.</p> <p>COVID-19 vaccines licensed for intramuscular or subcutaneous administration may alternatively be administered by the subcutaneous route. Subcutaneous administration is covered by this PGD where the registered pharmacy professional is trained and competent in administration via the subcutaneous route.</p> <p>When administering at the same time as other vaccines, care should be taken to ensure that the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably in different limbs. If given in the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records.</p>



	Inspect visually prior to administration and ensure appearance is consistent with the description in the SPC for the vaccine being administered. The SPC for each vaccine provides further guidance on administration and is available from the electronic Medicines Compendium website: www.medicines.org.uk
Dose and frequency of administration	TBC – COVID-19
Duration of treatment	TBC – COVID-19
Quantity to be supplied / administered	TBC – COVID-19
Supplies	Providers should order COVID-19 vaccines for adults from the vaccine manufacturers or pharmaceutical wholesalers
Storage	TBC – COVID-19
Disposal	Equipment used for immunisation, including discharged vaccines in a syringe, should be disposed of safely in a UN-approved puncture resistant 'sharps' box, according to guidance in the technical memorandum 07-01: Safe management of healthcare waste (Department of Health, 2013).
Drug interactions	<p>TBC – COVID-19</p> <p>Immunological response may be diminished in those receiving immunosuppressive treatment but it is important to still immunise this group – TBC</p> <p>A detailed list of drug interactions associated with COVID-19 vaccine is available in the SPC for each vaccine, which are available from the electronic Medicines Compendium website: www.medicines.org.uk</p>
Identification & management of adverse reactions	<p>TBC – COVID-19</p> <p>Pain, swelling or redness at the injection site, low-grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are among the commonly reported symptoms after intramuscular vaccination. A small painless nodule (induration) may also form at the injection site. These symptoms usually disappear within 1 to 2 days without treatment.</p>
Reporting procedure of adverse reactions	<p>Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk</p> <p>COVID-19 vaccines are black triangle. Therefore, any suspected adverse reactions to these products should be reported via the Yellow Card Scheme. Any adverse reaction to a vaccine should be documented in the individual's record and the individual's GP should be informed.</p>
Written information to be given to patient or carer	Offer the marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine.



<p>Patient advice / follow up treatment</p>	<p>Individuals should be advised regarding adverse reactions to vaccination and reassured that the vaccine cannot cause COVID-19. However, the vaccine will not provide protection for about X days and does not protect against other respiratory viruses that often circulate.</p> <p>Immunosuppressed individuals should be advised that they may not make a full immune response to the vaccine. Therefore, consideration should be given to the vaccination of household contacts of immunocompromised individuals.</p> <p>Inform the individual/carer of possible side effects and their management.</p> <p>The individuals/carer should be advised when and where to seek appropriate advice in the event of an adverse reaction.</p> <p>In case of postponement due to acute illness, advise when the individual can be vaccinated and how future vaccination may be accessed.</p> <p>Advise the individual/carer when a subsequent vaccine dose is due - TBC</p>
<p>Special considerations / additional information</p>	<p>TBC – COVID-19</p> <p>The pharmacy technician / pharmacist should have immediate access to adrenaline (epinephrine) 1 in 1,000 injection and access to a telephone at the time of vaccination.</p> <p>If an individual is acutely unwell, immunisation may be postponed until they have fully recovered.</p> <p>Individuals should consent to information sharing with their GP practice as part of the consent process for accessing this service.</p> <p>Individuals who are not registered with a GP practice may be vaccinated at the professional discretion of the pharmacy technician / pharmacist, weighing up risks and benefits for the individual. They should be encouraged to register with a GP as appropriate to their circumstances or be referred to appropriate alternative medical services as required</p>
<p>Records</p>	<p>Record:</p> <ul style="list-style-type: none"> • that valid informed consent was given • name of individual, address, date of birth and GP practice with whom the individual is registered (or record where an individual is not registered with a GP and that appropriate advice has been given) • eligible/clinical risk group indication for immunisation • name of immuniser • name and brand of vaccine



- date of administration
- dose, form and route of administration of vaccine
- quantity administered
- batch number and expiry date
- anatomical site of vaccination
- advice given, including advice given if not vaccinated
- details of any adverse drug reactions and actions taken
- supplied via PGD Records should be signed and dated or if using electronic records, the immuniser's account should be password protected such as to provide an electronic signature to the vaccination record.

All records should be clear, legible, contemporaneous and in line with the organisation's service specification.

It is important that vaccinations given at community pharmacies are recorded in a timely manner. A record of the vaccination should be returned to the individual's GP practice to allow clinical follow up and to avoid duplicate vaccination.

TBC - For pregnant women, also record immunisation in the hand held maternity record (if available).

Records of all individuals receiving treatment under this PGD should also be kept for audit purposes and post payment verification.



5. Key References

COVID-19 Vaccination

Immunisation Against Infectious Disease: The Green Book

<https://www.gov.uk/government/publications/influenza-the-greenbook-chapter-19>

- Community Pharmacy Seasonal Influenza Vaccine Service

<https://www.england.nhs.uk/publication/community-pharmacyseasonal-influenza-vaccine-service/>

- Declaration of competence for vaccination services

<https://www.cppe.ac.uk/services/declaration-of-competence>

- Summary of Product Characteristics www.medicines.org.uk

General

- Health Technical Memorandum 07-01: Safe Management of Healthcare Waste. Department of Health 20 March 2013 <https://www.gov.uk/government/publications/guidance-on-the-safemanagement-of-healthcare-waste>

- National Minimum Standards and Core Curriculum for Immunisation Training. Published February 2018 <https://www.gov.uk/government/publications/national-minimumstandards-and-core-curriculum-for-immunisation-training-forregistered-healthcare-practitioners>

- NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions. Published March 2017 <https://www.nice.org.uk/guidance/mpg2>

- NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions. Updated March 2017

<https://www.nice.org.uk/guidance/mpg2/resources>

- PHE Immunisation Collection <https://www.gov.uk/government/collections/immunisation>

- PHE Vaccine Incident Guidance <https://www.gov.uk/government/publications/vaccine-incidentguidance-responding-to-vaccine-errors>

- Reference guide to consent for examination or treatment, Department of Health. Published 4 August 2009 <https://www.gov.uk/government/publications/reference-guide-toconsent-for-examination-or-treatment-second-edition>



6. FINAL SECTION - Practitioner authorisation sheet

Practitioner

By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence, professional code of conduct and relevant legislation.

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work to it within my professional code of conduct.			
Name	GPhC Number	Signature	Date

Authorising manager

I confirm that the pharmacy technicians and pharmacists named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of INSERT NAME OF ORGANISATION for the above named pharmacy professionals who have signed the PGD to work under it			
Name	GPhC Number	Signature	Date

Note to authorising manager

Score through unused rows in the list of practitioners to prevent pharmacist additions post managerial authorisation. A copy of this PGD with completed practitioner authorisation sheet should be retained and available at the premises of practice as a record of those pharmacy professionals authorised to work under this PGD.