## Master Medicine Protocol for the Administration of Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine to Vaccine Recipients

This medicine protocol is a specific written instruction for the administration of Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine to vaccine recipients by healthcare professionals included in Statutory Instruments S.I. No. 698 of 2020, S.I. No. 81 of 2021 and S.I. No. 245 of 2021 who are registered with their respective regulatory body and students in healthcare professions included in S.I. No. 245 of 2021. This medicine protocol is valid for the 2020/2021 HSE COVID-19 Vaccination Programme. This medicine protocol enables the healthcare professionals and students described above who are employed in the voluntary and statutory services of the Health Service Executive (HSE) who have undertaken the required education and training programmes to administer Comirnaty© (Pfizer/BioNTech) COVID-19 mRNA Vaccine to vaccine recipients, with reference to guidelines and guidance from National Immunisation Advisory Committee (NIAC), National Immunisation Office (NIO), HSE and in accordance with the Summary of Product Characteristics for Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine as detailed by the European Medicines Agency (EMA).

- National Immunisation Advisory Committee Immunisation Guidelines for Ireland Dublin: Royal College of Physicians Ireland (Online Update available at http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/)
- National Immunisation Office (2020) Clinical Guidance for COVID-19 Vaccinations (available at https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/clinicalguidance.pdf)
- Summary of product characteristics https://www.ema.europa.eu/en/medicines/human/EPAR/comirnaty#product-information-section

A medicine protocol has been defined as follows: written directions that allow for the supply and administration of a named medicinal product by specified healthcare professionals and students in identified clinical situations. A medicine protocol involves the authorisation of the healthcare professionals and students to supply and administer a medicine to groups of patients in a defined situation meeting specific criteria and who may not be individually identified before presentation for treatment. An individually named prescription is not required for the supply and administration of medication when a medication protocol is in effect.

The HSE has developed this medicines protocol to facilitate the delivery of COVID-19 immunisation in line with NIAC recommendations, Department of health (DoH) and HSE policy.

The professional groups and students using this protocol must ensure that the protocol is organisationally authorised by an appropriate authorising person, related to the professional or student cohort of vaccinators by whom the vaccine is to be administered, including requirements of registration, training and assessment of competency.

### Medicine Protocol for the Administration of Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine to vaccine recipients

Document reference number:	NIO 001.1			
1.0 Critical Elements				
Name of Organisation where medicine protocol applies  Health Service Providers across the voluntary and statutory services of the Health Service protocol applies  Health Service Providers across the voluntary and statutory services of the Health Service Included in S.I. 81 and S.I. 245 employeement of the Health Service Executive (HSE) and S.I. No. 245 of 2021 who have undertaken the education and training programmes.				
Date the medicine protocol comes into effect	December 2020			
Date for review of medicine protocol	January 2022			
Document prepared by:	The National Immunisation Office (NIO)			
Names and Signatures of the employing authority who is authorising the implementation of the medicine protocol  "On behalf of the authority employing professionals authorised to administer under this medicine protocol, I have read this medicine protocol and authorise its implementation"	Name: <b>Dr Kevin Kelleher</b> , Assistant National Director, National Office for Public Health/Child Health Strategic Planning and Transformation, HSE  Signature:  Name: <b>Dr Colm Henry</b> , Chief Clinical Officer, HSE  Signature:			

2.0 Clinical Criteria					
Clinical Condition for use of the medicine protocol	The clinical condition for which this medicine protocol has been developed is for the immunisation of vaccine recipients (see Inclusion Criteria) against COVID-19.				
Circumstances in which the medicine protocol applies	Targeted immunisation programme for vaccine recipients against COVID-19 as identife the DoH policy, based on the NIAC recommendations. The World Health Organization declared COVID-19 outbreak as a pandemic on 11th March 2020 which is still ongoing				
Inclusion criteria for vaccine recipient using the medicine protocol	Note: Vaccine Recipients who have received Comirnaty® (Pfizer/BioNTech) COVID-19 Vaccine as a first dose MUST be advised that the second dose is ALSO Comirnaty® (Pfizer/BioNTech) COVID-19 Vaccine ONLY. Inclusion Criteria:  Active immunisation to prevent COVID-19 caused by SARS-CoV-2 virus, in individuals 16 years of age and older. Precautions  Acute severe febrile illness: defer until recovery  Those with the following history should receive a viral vector vaccine: Anaphylaxis after multiple, different drug classes, with no identified allergen (may indicate PEG allergy) Anaphylaxis after a vaccine, or a medicine which contained PEG Idiopathic anaphylaxis (may indicate PEG allergy)  If vaccination is advised for a person with prior anaphylaxis to an unrelated allergen observe for 30 minutes after vaccination.  Vaccination should be deferred until clinical recovery from COVID-19 at least four weeks after diagnosis or onset of symptoms, or four weeks from the first PCR positive specimen in those who are asymptomatic  Vaccination is not contraindicated for those with persisting symptoms post COVID-19 unless there is evidence of recent clinical deterioration Individuals with a bleeding disorder or receiving anticoagulant therapy may develop haematomas in IM (intramuscular) injection sites. Prior to vaccination, inform the recipient about this risk. For those with thrombocytopoenia (platelet count <50 x 10 <sup>3</sup> /ml) consult the supervising consultant Those with inherited coagulopathies who require factor replacement therapy should receive it on the day of vaccination, prior to the IM vaccination. If there is uncertainty about the need for cover, contact the patient's Comprehensive Care Centre COVID-19 vaccines and other vaccines may be administered at the same time or at any interval. As it is not known if COVID-19 vaccine reactogenicity is increased with coadministration, vaccines should preferably be given in different limbs.				
	vaccination two weeks before treatment. The recommended minimum interval may be used  Pregnancy:  Women who are at less than 14 weeks or more than 36 weeks of gestation should not receive the vaccine				

	<ul> <li>Pregnant women who are between 14 weeks and 36 weeks of gestation and wish to receive the vaccine should confirm they have consulted with their obstetric care giver (Obstetrician or GP) and decided to receive the vaccine.</li> <li>Breastfeeding:         <ul> <li>There is no known reason for vaccine recipients to avoid breastfeeding.</li> <li>Breastfeeding mothers should be vaccinated according to their risk grouping.</li> </ul> </li> </ul>			
Exclusion criteria for vaccine recipient using the medicine protocol	Comirnaty© (Pfizer/BioNTech) COVID-19 mRNA Vaccine should not be given under this medicine protocol if the vaccine recipient has:  • Anaphylaxis (serious systemic allergic reaction requiring medical intervention following a previous dose of the vaccine or any of its constituents (including polyethylene glycol (PEG)).  • Those with a contraindication to one mRNA COVID-19 vaccine should not receive another authorised mRNA vaccine.  • Anaphylaxis following another mRNA vaccine.			
Actions to be taken for those who are excluded from the medicine protocol	<ul> <li>Refer to/discuss with the relevant Medical Practitioner/clinical lead/lead vaccinator for an individual medical assessment Those with a contraindication to one mRNA COVID-19 vaccine should not receive another authorised mRNA vaccine. Consideration may be given to viral vector vaccination which should be given after an interval of at least 28 days.</li> <li>The Medical Practitioner/clinical lead/lead vaccinator can consider referring the individual to an allergist/Immunologist for a further assessment</li> <li>Document action in clinical record or IT system</li> <li>Where Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine is prescribed following medical assessment, the vaccinator may administer the vaccine within his/her scope of practice.</li> <li>Note: In determining their scope of practice, vaccinators must make judgements about their competency to carry out a role or activity in accordance with the guidance from their regulator</li> </ul>			
Action to be followed for vaccine recipients who do not wish to receive the vaccine	Advise of the risks of not having the vaccine, including risk of possible severe COVID-19 disease.  Advice regarding minimization of risk.			
Description of circumstances and referral arrangements when further advice or consultation is required	Refer to/discuss with relevant Medical Practitioner/ clinical lead/lead vaccinator if the vaccine recipient had previous adverse reaction or other clinical concerns as outlined in Exclusion Criteria.			

### Check for and ensure consent has been obtained Documentation required to support implementation of Vaccine Information Leaflets the medicine protocol Patient held record cards Health Products Regulatory Authority Adverse Reaction Reporting forms or availability on-line National Incident Management System Form NIRF-01-v11 available at: https://www.hse.ie/eng/about/gavd/incident-management/nirf-01-v11person.pdf It is the responsibility of each vaccinator to be familiar with the appropriate documentation to support the safe administration of Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine which includes the following: Medicine Protocol for the Administration of Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine to vaccine recipients Treatment of anaphylaxis in the community. National Immunisation Advisory Committee, Immunisation Guidelines for Ireland. https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/anaphylaxis. pdf HSE Clinical Guidance for Covid-19 Vaccination https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps /clinicalguidance.pdf • COVID-19 chapter from NIAC immunisation Guidelines for Ireland (2020) (available at https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccinei\_n fo4hps/) 3.0 Name of Medicine Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine. Dose & Route of The dose is 0.3ml, 2 doses 21 - 28 days apart administration Route of administration: Intramuscular (IM) Site: The preferred site is the deltoid muscle If the second dose is given before 17 days, this is not considered a valid vaccine. A third dose should be given 28 days after the second (invalid) vaccine. If the second dose is given between 17 and 20 days after the first dose, it is a valid dose. If the interval between doses is longer than 28 days, the second dose should still be given as soon as possible. The course does not need to be restarted. • There are no data available on the interchangeability of Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine with other COVID-19 vaccines to complete the vaccination series Individuals who have received one dose of Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine should receive a second dose of Comirnaty@ (Pfizer/BioNTech) COVID-19 Vaccine to complete the vaccination series • Do not inject the vaccine intravascularly, subcutaneously or intradermally Link to Medicine Link to Summary of Product Characteristics and Patient Information Leaflet available at: https://www.ema.europa.eu/en/documents/product-information/comirnaty-epar-**Details of product** product-information en.pdf information and other data including instructions for supply and administration is available from the European Medicines Agency (EMA)

### Potential adverse reactions and procedures for treatment of same

Following administration of the vaccine, the vaccine recipient should be advised to remain seated in the post vaccination observation area to enable monitoring of any immediate reaction including suspected anaphylactic reaction

- Those with no history of anaphylaxis from any cause: 15 minutes
- Those with a history of anaphylaxis from any cause: 30 minutes
- Those with immediate itching, swelling or urticarial reaction at the vaccination site: 30 minutes or longer as clinically indicated

The vaccine recipient should be advised to contact relevant medical personnel in the event of adverse reaction occurring following administration of the Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine after the above period of observation.

# Procedure for reporting adverse Drug Reactions to the Health Products Regulatory Authority (HPRA)

The vaccinator should report to the HPRA any suspected adverse reactions, in accordance with criteria outlined by the HPRA. This reporting may be carried out on line at <a href="http://www.hpra.ie">http://www.hpra.ie</a> or through use of the yellow card system which is available in a downloadable format from the HPRA website, or on request from the HPRA.

The vaccine recipient's General Practitioner should be informed of any clinically significant reported adverse reactions.

In the event of anaphylaxis, the incident and all actions taken must be promptly recorded in accordance with the *Management of a Patient with Anaphylaxis: Treatment in the Community* (National Immunisation Advisory Committee 2019), available online at

https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/anaphylaxis.pdf

### Procedure for the reporting and documentation of errors and near misses involving the medicine

In the case of medication errors that directly involve the vaccine recipient, i.e. wrong medication/dose/route being administered or another medication error, the vaccinator must remain with the person and closely monitor them for any adverse reactions.

The vaccine recipient should be reviewed by the relevant medical practitioner/ clinical lead/lead vaccinator and vital signs should be recorded.

The incident must be reported to the relevant line manager/person in charge as soon as possible.

The incident and all actions taken must be recorded and the relevant National Incident Management Report Form (NIRF) completed as soon as is practicable after the event occurs and within one working day. (National Incident Report Form (NIRF 01 – V11)) (2020) available at: <a href="https://www.hse.ie/eng/about/qavd/incident-management/nirf-01-v11-person.pdf">https://www.hse.ie/eng/about/qavd/incident-management/nirf-01-v11-person.pdf</a> The vaccine recipient and/or carer should be informed of the incident.

An incident report form must be completed by the vaccinator and forwarded to local or regional Risk Manager as per local policy.

Any suspected adverse reactions associated with medication errors should be reported to the HPRA as outlined above.

Resources and equipment required	<ul> <li>Vaccine</li> <li>Sodium Chloride 0.9% Solution for Injection</li> <li>2ml/ 2.5ml / 3ml syringe and 21 gauge green needle for reconstitution</li> <li>23 gauge / 25g gauge needle for IM administration</li> <li>Fridge/Cooler box with data logger with external temperature monitoring display to maintain cold chain temperature between +2° to +8°C</li> <li>Disposable kidney dishes/trays</li> <li>70% alcohol swabs (for sterilizing vials)</li> <li>Gauze swabs, tape/plasters</li> <li>Sharps bins, and bins for the disposal of healthcare risk and non-risk waste</li> <li>Alcohol hand sanitiser</li> <li>Access to telephone</li> <li>Resuscitation equipment and drugs in accordance with Anaphylaxis: Treatment in the Community (National Immunisation Advisory Committee, 2019) available at https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/anaphylaxis.p df</li> <li>Safe storage areas for medicines and equipment</li> </ul>
	Current medicine protocol
Audit process to identify appropriate use of the medicine protocol or unexpected outcomes	All documentation will be held for review and audit purposes as per local/national agreement.

### 4.0 Information for vaccine recipient

### Advice to be given to the vaccine recipient before treatment

Vaccine Information material must be supplied with the consent form to the vaccine recipient prior to administration of the vaccine.

#### **Before Treatment**

Check and confirm that consent has been obtained

Discuss the Comirnaty© (Pfizer/BioNTech) COVID-19 Vaccine and the importance of protecting their health.

Inform vaccine recipient that patient information leaflet is available online at <a href="https://www.ema.europa.eu/en/documents/product-information/comirnaty-epar-product-information">https://www.ema.europa.eu/en/documents/product-information/comirnaty-epar-product-information</a> en.pdf

Discuss potential side effects as below Side effects may occur with following frequencies:

#### Local:

Very common: injection site pain and swelling Common: injection site erythema Uncommon: injection site pruritus.

#### General:

Very common: arthralgia, diarrhoea fatigue, fever,

headache, myalgia

Common: nausea, vomiting

Uncommon: insomnia, hypersensitivity reactions (e.g. rash, pruritus,

angioedema),lymphadenopathy, malaise, extremity pain

Rare: acute peripheral facial paralysis, facial swelling (in those with a history

of facial fillers)

As per the European Medicines Agency latest advice, cases of myocarditis and pericarditis have been reported very rarely following vaccination with the COVID-19 mRNA Vaccines including Comirnaty®. Healthcare professionals should advise vaccinated individuals to seek immediate medical attention should they experience chest pain, shortness of breath, or palpitations.

The cases primarily occurred within 14 days after vaccination, more often after the second dose and in younger men.

A full list of adverse reactions may be found in the Summary of Product Characteristics (SmPC), available at

https://www.ema.europa.eu/en/documents/productinformation/comirnaty-epar-product-information en.pdf

### Advice to be given to the recipient after treatment

Individuals may not be protected until at least 7 days after their second dose of the vaccine.

### **After Treatment**

Discuss potential side effects and give advice how to manage common adverse reactions Following administration of the vaccine, the vaccine recipient should be advised to remain seated in the post vaccination observation area to enable monitoring of any immediate reaction including suspected anaphylactic reaction.

Events of anaphylaxis have been reported therefore NIAC recommends the following monitoring for the post-vaccination period:

- Those with no history of anaphylaxis from any cause: 15 minutes
- Those with a history of anaphylaxis from any cause: 30 minutes
- Those with immediate itching, swelling or urticarial reaction at the vaccination site: 30 minutes or longer as clinically indicated.

The vaccine recipient should not leave the healthcare facility if they are feeling unwell and must report any side effects to a member of the vaccination team.

The vaccine recipient should be advised to report any side effects to the relevant medical practitioner.

If required, symptomatic treatment with analgesic and/or anti-pyretic medicinal products (e.g. paracetamol or ibuprofen-containing products) may be used. Ibuprofen is not recommended in pregnancy.

If more serious adverse or persistent effects occur, vaccine recipient should be advised to contact their GP/out of hours service.

Details of any necessary follow-up, action and referral arrangements

In the event of an adverse reaction the vaccination team must ensure that all procedures are adhered to as outlined in Section 3.

#### References

Health Service Executive (2010) *Healthcare Risk Waste Management Segregation Packaging and Storage Guidelines for healthcare Risk Waste*. Dublin: Health Service Executive.

National Immunisation Advisory Committee (2019) Anaphylaxis: Treatment in the Community. Available at <a href="https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/anaphylaxis.pdf">https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/anaphylaxis.pdf</a>

National Immunisation Advisory Committee *Immunisation Guidelines for Ireland (2020)* Dublin: Royal College of Physicians Ireland. Online update available at <a href="http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/">http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/</a>

National Immunisation Office (2020) *Clinical Guidance for COVID-19 Vaccinations* (available at <a href="https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/">https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/</a>)

- S.I. No. 81/2021 Medicinal Products (Prescription and Control of Supply) (Amendment) (No.4) Regulations 2021. Available at <a href="http://www.irishstatutebook.ie/eli/2021/si/81/made/en/pdf">http://www.irishstatutebook.ie/eli/2021/si/81/made/en/pdf</a>
- S.I. No. 698/2020 Medicinal Products (Prescription and Control of Supply) (Amendment) (No. 7) Regulations 2020. Available at http://www.irishstatutebook.ie/eli/2020/si/698/made/en/pdf

### <u>Section B Information Specific to Registered Nurses and Registered Midwives for the administration</u> of the COVID-19 vaccines





### Statement of Support from Dr Geraldine Shaw, Nursing and Midwifery Services Director, Office of the Nursing and Midwifery Services, HSE

I am delighted to support Registered Nurses and Registered Midwives to administer COVID-19 vaccines under medicine protocol.

Nurses and midwives have a long tradition of supporting vaccination programmes, for example Schools Immunisation Programme, Seasonal Influenza Peer Vaccination Programme and Primary Childhood Immunisation Programme.

The national COVID-19 vaccination programme commenced in December 2020. Statutory Instruments No. 698 of 2020, No. 8 of 2021 and No. 43 of 2021 identify nurses and midwives as professions that can administer named COVID-19 vaccines, subject to approval of an education programme by the regulatory body concerned.

In order to administer the vaccines, registered nurses and registered midwives must be familiar with the most up to date version of the medicine protocols including the content of this section and have completed the *COVID-19 Vaccination Programme for Nurses and Midwives* on HSELanD. Nurses and midwives must also have completed the Competency Assessment Form, also included in this section.

I would like to acknowledge the contribution of the nursing and midwifery professions to this very important national initiative.

Signature

30<sup>th</sup> March 2021

Date

### Professional Qualifications, Training, Experience and Competence Required

Professional qualifications, training, experience and competence required prior to using this medicine protocol
/ Professional
Qualifications:

Registered nurse or registered midwife, maintained on the active register maintained by The Nursing and Midwifery Board of Ireland.

HSELanD education programme titled *COVID-19 Vaccination Programme for Nurses and Midwives* 

Basic Life Support for Health Care Providers within the last two years.

Training, Experience, Competence:

Initial anaphylaxis programme ("National Anaphylaxis Education Programme for Health Care Professionals") via HSELanD followed by a one and a half hour classroom based skills workshop (replacing the previous four hour classroom based programme). Subsequent updates every two years via HSELanD Anaphylaxis e-learning programme available at www.hse.ie.

The nurse/midwife must complete the *Competency Assessment Form* to administer the COVID-19 Vaccines.

COVAX IBM/Salesforce online programme <a href="https://www.hse.ie/eng/health/immunisation/hcpinfo/hsecovid19vms.html">https://www.hse.ie/eng/health/immunisation/hcpinfo/hsecovid19vms.html</a>

#### Recommended:

Storing and Managing Vaccines www.hseland.ie

### **Supporting Documents for Registered Nurses and Registered Midwives**

An Bord Altranais (2007) Guidance to Nurses and Midwives on Medication Management Dublin: An Bord Altranais Health Service Executive (2019) Directions for Nurses and Midwives for the Management of a Patient who Develops Anaphylaxis or Suspected Anaphylaxis incorporating Medicine Protocol for the Administration of Epinephrine (Adrenaline) Injection BP 1:1,000 by intramuscular injection by nurses and midwives for the management of a patient with anaphylaxis or suspected anaphylaxis. Dublin: Health Service Executive

Government of Ireland (2020) Statutory Instruments Number 698 of 2020. Dublin: Stationery Office

Government of Ireland (2021) Statutory Instruments Number 8 of 2021. Dublin: Stationery Office

Government of Ireland (2021) Statutory Instruments Number 43 of 2021. Dublin: Stationery Office

Health Service Executive (2010) *Healthcare Risk Waste Management Segregation Packaging and Storage Guidelines for healthcare Risk Waste.* Dublin: Health Service Executive.

Nursing and Midwifery Board of Ireland (2014) *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.* Dublin: Nursing and Midwifery Board of Ireland available at: <a href="http://www.nmbi.ie/Standards-Guidance/Code">http://www.nmbi.ie/Standards-Guidance/Code</a>.

Nursing and Midwifery Board of Ireland (2015) *Practice Standards for Midwives*. Dublin: Nursing and Midwifery Board of Ireland available at: <a href="http://www.nmbi.ie/Standards-Guidance/Midwives-Standards">http://www.nmbi.ie/Standards-Guidance/Midwives-Standards</a>.

Nursing and Midwifery Board of Ireland (2015) *Recording Clinical Practice. Guidance to Nurses and Midwives.*Dublin: Nursing and Midwifery Board of Ireland available at: <a href="http://www.nmbi.ie/Standards-Guidance/More-Standards-Guidance/Recording-Clinical-Practice">http://www.nmbi.ie/Standards-Guidance/More-Standards-Guidance/Recording-Clinical-Practice</a>

Nursing and Midwifery Board of Ireland (2015) *Scope of Nursing and Midwifery Practice Framework*. Dublin: Nursing and Midwifery Board of Ireland available at: <a href="http://www.nmbi.ie/Standards-Guidance/Scope-of-Practice/Nursing-Practise-Scope-Definition">http://www.nmbi.ie/Standards-Guidance/Scope-of-Practice/Nursing-Practise-Scope-Definition</a>

Nursing and Midwifery Board of Ireland (2020) Guidance for Registered Nurses and Midwives on Medication Administration. Dublin: Nursing and Midwifery Board of Ireland, available at: <a href="http://www.nmbi.ie">http://www.nmbi.ie</a>

### **Competency Assessment Form**





NAME:

### Self-Assessment of Competency to Administer COVID-19 Vaccine under Medicine Protocol

Domain		Competent	Needs	Needs
of	Critical Element		Practice	Theory
Practice		Date/	Date/	Date/
		Initials	Initials	Initials
1	I understand the role and function of medicine protocols in the			
	context of NMBI guidelines in relation to:			
	<ul> <li>The Code of Professional &amp; Ethical Conduct</li> </ul>			
	<ul> <li>Scope of Nursing and Midwifery Practice</li> </ul>			
	<ul> <li>Guidance to Nurses and Midwives on Medication</li> </ul>			
	Management			
	NIAC Immunisation Guidelines for Ireland.			
2	I practice within my scope of practice to undertake administration of COVID-19 Vaccines under medicine protocol.			
3	I have undertaken the COVID-19 Vaccination Programme for Nurses and Midwives on HSELanD.			
4	I have attended Basic Life Support for Health Care Providers within the last two years.			
5	I am competent in safe injection technique.			
6	I have attended an approved Anaphylaxis education programme and I			
	am familiar with the current medicine protocol on the administration			
	of Epinephrine by RNs/RMs.			
7	I can outline the inclusion/ exclusion criteria for administering COVID-			
	19 Vaccine under the named medicine protocol.			
8	I can refer to/discuss those that are meeting the exclusion criteria to			
	the relevant medical practitioner for an individual medical assessment			
	as per medicine protocol.			
9	I am familiar with the documentation required to support			
	implementation of the medicine protocol to ensure safe			
	administration of COVID-19 Vaccine.			
10	In assessing suitability for vaccination I can undertake a clinical			
	assessment of individuals within the scope of the medicine protocol.			
11	I can provide information regarding COVID-19 Vaccine, benefits and			
42	side effects to vaccine recipients.			
12	I am aware of the procedure for treatment and reporting of potential			
12	adverse reactions.			
13	I understand the procedure for reporting and documentation of			
1.4	medicine errors/ near misses.			
14	I dispose of all equipment and sharps in accordance with guidance for Healthcare Risk Waste (HSE, 2010).			
15	I am aware of and comply with the guidance on vaccine storage and			
	handling including the maintenance of the cold chain in accordance with national and local policies.			

16	I have undertaken the following HSELanD/online programmes:			
	AMRIC Aseptic Technique			
	<u>www.hseland.ie</u>			
	AMRIC Hand Hygiene			
	<u>www.hseland.ie</u>			
	GDPR guidelines			
	<u>www.hseland.ie</u>			
	COVAY IDM/Calasfanas antina anna anna			
	<ul> <li>COVAX IBM/Salesforce online programme         https://www.hse.ie/eng/health/immunisation/hcpinfo/hseco     </li> </ul>			
	vid19vms.html			
	1		J	I.
	theoretical knowledge and practice to undertake vaccination under			
	responsibility to maintain my own competence in line with the Scope o	Nursing and Mic	lwifery Practice	and current
est evidence.				
egistered Nurse	e/Midwife Signature:	Date:		
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	theory and/or clinical practice are identified, the nurse/midwife must discu	ıss with relevant l	ine Manager ar	nd implement
ppropriate action	on plan to achieve competency within an agreed time frame.			
A -4' DI -				
Action Pla	<u>In</u> (for use if needed to reach competencies			
outlined) A	ction necessary to achieve competency:			
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			••	
Date to be	e achieved:			
Supporting	g evidence of measures taken to achieve competency:			
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Nurse/Mid	wife signature:			
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Nursing and Midwifery Board of Ireland Statement of Support 2021