Practical Guidance when Providing a Pharmacy Vaccination Service during COVID-19

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Background

This guidance should be read in conjunction with the PSI's *Guidance on the Provision of Vaccination Services by Pharmacists in Retail Pharmacy Businesses*, (PSI Vaccination Guidance) which sets out the legal and professional requirements which need to be fulfilled in order to safely provide a vaccination service.

The PSI has produced *Guidance on the Provision* of an Influenza Vaccination Service for Children Aged 6 Months and Older which must be read and considered by all pharmacy owners, superintendent pharmacists and supervising pharmacists who wish to provide an influenza vaccination service to children.

The PSI has also produced *Guidance to Support Pharmacies in Providing Safe Vaccination Services Offsite from the Pharmacy Premises* which must be read and considered by all pharmacy owners, superintendent pharmacists and supervising pharmacists who wish to provide such a service.

In addition, all vaccination services carried out while public health advice on reducing the spread of COVID-19 remains in place must be provided in line with the PSI's <u>COVID-19</u> Operational Standards for Pharmacies.

The importance of providing a vaccination service in line with current public health advice relating to COVID-19

The World Health Organisation (WHO) and Health Service Executive (HSE) have emphasised the importance of providing safe administration of vaccines, as far as possible, during COVID-19 to help reduce the risk of vaccine preventable diseases. Pharmacists and pharmacy teams play an important role in providing vaccination services, in delivering the national immunisation programme, and providing reliable advice on vaccinations to the public.

Vaccination services will continue to require modification where public health advice on reducing the spread of COVID-19 remains in place, to help protect patients and staff, and minimise the risk of exposure to, and transmission of, COVID-19¹.

Key principles to prevent the spread of COVID-19 include:

- Ensuring measures are in place to minimise the chance for exposure
- Adhering to physical distancing, respiratory hygiene, cough etiquette and hand hygiene
- Ensuring adequate ventilation in line with HPSC guidance
- Environmental cleaning

¹ The virus is called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and the disease that it causes is called Coronavirus Disease 2019 (COVID-19). For ease of reference throughout the document COVID-19 will be used interchangeably to refer to both the virus and the disease.

Purpose of this guidance

The aim of this document is to give practical guidance which will enable policies and procedures to be put in place for the continuation of safe and effective vaccination services by pharmacies in line with current public health advice relating to COVID-19.

Whilst this guidance can be read and used by all vaccinating pharmacists, it is intended to be used primarily by those who have governance responsibilities for pharmacies, i.e., pharmacy owners, superintendent pharmacists and supervising pharmacists.

When 'you' is referenced throughout the guidance, this refers to pharmacy owners, superintendent pharmacists and supervising pharmacists.

Your professionalism and commitment towards meeting patients' needs and in maintaining continuity of services while public health advice on reducing the spread of COVID-19 remains in place continues to be extremely important and valued.

This guidance should not replace individual professional judgement and local risk assessment carried out in your pharmacy.

Keeping up-to-date

This document will be updated as needed to remain current. However, as advice and recommendations on COVID-19 evolve, the content of this document may be out of date at certain points in time. As well as guidance issued by the PSI, all pharmacists and pharmacy owners must keep up-to-date with guidance issued by the Government and Department of Health, including recommendations from the Health Protection Surveillance Centre (HPSC) and the HSE. Advice from the National Immunisation Office (NIO) and the National Immunisation Advisory Committee (NIAC), including NIAC's Immunisation Guidelines for Ireland², should be regularly consulted and followed in relation to providing vaccination services during COVID-19.

Policies and procedures should be regularly reviewed and updated in line with this public health advice and staff kept up-to-date and trained on any changes.

Considerations for providing a vaccination service

When deciding whether to provide a vaccination service during COVID-19, you should carry out a risk assessment for this service in your pharmacy.

We would encourage you to contact the local GP surgeries and other local healthcare professionals, as relevant, to inform them of the measures that you have put in place to provide this service safely and to share examples of good practice where possible.

If you are unable to provide a vaccination service, but usually would, you should refer those patients who would expect to avail of this service to an alternative service provider in good time. This applies, in particular, to the provision of an influenza vaccination service.

To improve the uptake of vaccinations it is important that you actively communicate to the public the importance of continuing to get recommended vaccinations. It is also important that you provide reassurance to patients by communicating the new procedures that you have put in place in the pharmacy in order to minimise the risk of exposure to, and transmission of, COVID-19. We would encourage you to ask patients and staff for feedback and share any learnings with other pharmacies to continuously improve the service.

Patients should be informed in advance that they are NOT to attend for their vaccination appointment, or enter the pharmacy, if they have COVID-19 symptoms, have been recently diagnosed with COVID-19, or are awaiting testing or test results, or have been advised to selfisolate.

Format of this guidance

We have identified three key areas to consider when providing a pharmacy vaccination service while COVID-19 prevention measures are in place:

- 1. Training requirements
- 2. Preparing the pharmacy premises and vaccination services area
- 3. Minimising face-to-face contact time

Where the guidance refers to 'the patient being vaccinated' this should include the parent or guardian where the patient being vaccinated is under the age of 16.

1. Training Requirements

1.1 Training for vaccinating pharmacists

Information on the current requirements to provide a vaccination service, and to administer emergency medicines (including adrenaline (epinephrine)), is available on the PSI website. A self-declaration form has also been developed and is available on the <u>PSI website</u>, which can help pharmacists to review the requirements for a vaccination service and determine their competency to deliver this service.

Pharmacists can enrol onto online training programmes via the IIOP website, and enrol onto the Parenteral Medicines Training Programme by contacting the training provider directly. Further details are available on the <u>IIOP website</u>.

With regards to CPR training, pharmacists should contact the training providers who are accredited by the Pre-Hospital Emergency Care Council (PHECC) and/or Irish Heart Foundation (IHF) for guidance on available training and validity of certification at this time. Details of accredited providers are available directly from PHECC and IHF.

1.2 Staff training

All staff members should be trained on the pharmacy's vaccination policies and procedures once they have been updated to reflect COVID-19 infection prevention and control (IPC) measures. This should include training on hand hygiene, use of personal protective equipment, ventilation, respiratory hygiene, cough etiquette, physical distancing and environmental cleaning to minimise the risk of infection in the pharmacy. The training should enable all staff to play their part in helping to ensure a safe and effective service. Training should also equip staff with the knowledge to inform patients and members of the public about the new procedures and the reasons that these are in place.

Staff should be encouraged to provide feedback on the additional COVID-19 measures to ensure there are no practical difficulties on implementation. All concerns or queries should be addressed, and the superintendent pharmacist should ensure that relevant procedures are regularly reviewed and updated following feedback from staff and patients, to continually improve the quality and safety of the service.

2. Preparing the Pharmacy Premises and Vaccination Services Area

There are a number of steps you can take to help protect your patients attending for vaccination, as well as your staff.

Prior to providing vaccination services, effective IPC measures must be in place in the pharmacy to prevent the risk of spread of COVID-19, including policies and procedures on frequent cleaning and disinfection, hand hygiene, and donning and doffing surgical face masks. Vaccinating pharmacists should be trained and feel confident in using IPC measures. Policies and procedures should be regularly reviewed in accordance with the latest recommendations/ evidence and staff kept up-to-date and trained on any changes.

The PSI's Vaccination Guidance outlines the *Requirements for a Vaccination Services Area*. Remember: a vaccination service area may be the patient consultation area or another suitable part of the pharmacy. You should carefully assess the layout of your pharmacy premises and decide how best to use the space to reduce the risk of exposure to, and transmission of, COVID-19 for both patients and staff. Below are some practical solutions you may wish to put in place in your pharmacy:

- Considering the space available to you in your pharmacy, create a one-way system for movement of all patients and members of the public around the premises, to reduce the risk of cross contamination, or cordonoff an area to separate people entering the pharmacy for vaccinations. Arrow signs can be used to help direct patients and members of the public.
- Ensure adequate ventilation in line with HPSC guidance.
- Create a designated waiting area for vaccination patients to use both before being called in for vaccination, if needed, and after they have had their vaccine and are being observed for adverse reactions. This area must allow for the recommended physical distancing. Consider using tape or other signage to alert others to this spacing.
- Remove any unnecessary furniture and nonessential items from the vaccination services area, and ensure it is clutter-free to make cleaning and disinfection as easy as possible.
- If practical, the patient's chair could be placed away from surfaces such as table tops and shelves to avoid touching.
- Provide no-touch bins (for example, pedal bins) and tissues where practical to facilitate good respiratory etiquette.
- Provide adequate hand hygiene facilities (i.e. alcohol-based hand sanitiser or soap and water) for all staff at various locations around the pharmacy.
- Provide alcohol-based hand sanitiser for patients when they enter and leave the pharmacy, as well as when they enter the vaccination services area, and actively encourage proper hand rub technique through appropriate signage. The World Health Organisation's³ website provides useful posters on how to effectively handrub and hand-wash.

- Encourage all staff to adhere to the facilitators of good hand hygiene to ensure hands can be thoroughly cleaned i.e. wear short sleeves or roll up sleeves, no hand/ arm jewellery apart from 1 plain ring – no wristwatches, wrist pedometers, bracelets, rings with stones etc., keep nails short and unadorned – no nail polish, gel nails or acrylic nails. Staff should be advised to try to avoid touching their face as much as possible, in particular, their nose, mouth or eyes.
- Inform patients and members of the public about how the pharmacy will provide vaccination services during COVID-19, and any relevant changes to normal service. This can be done, for example, using posters or messaging in the pharmacy (in languages appropriate to the community) and on the pharmacy's website and social media channels, where possible, to increase awareness.

The examples detailed above are not an exhaustive list but are there to assist you when planning for your vaccination service and offer some practical solutions you may wish to put in place in your pharmacy.

3. Minimise face-toface contact time

The risk of contracting COVID-19 from someone who is infected is greatest for close contacts. You should consider ways to minimise time spent face-to-face with the patient in an enclosed space, while maintaining a good clinical standard.

The vaccination service should allow for recommended physical distancing between the patient being vaccinated and the pharmacist, as well as other people in the pharmacy, as much as possible before and after vaccination.

To minimise the time spent in an enclosed space (for example, the vaccination services area/consultation room) we recommend that you read the PSI's Vaccination Guidance and consider what requirements for the service could be safely carried out either remotely before the patient arrives into the pharmacy, or in an area of the pharmacy where recommended physical separation can be maintained, for example, the pre-vaccination consultation and obtaining informed consent for administration.

Where close contact is necessary, for example, to administer the vaccine, this should be for the shortest possible period of time.

When making adaptions to your service, including those to facilitate physical distancing, you must consider the patient's privacy and dignity and ensure that confidential and personal information cannot be overheard by others.

Below are some practical solutions you may wish to put in place in your pharmacy:

3.1 Appointments or walk-in clinic

- Where possible, provide each patient with an appointment time for their vaccination and consider the use of an online or telephone appointment booking system.
- When making their appointment, patients should be informed of the new procedures for vaccinations and the reason for these changes, including any requirement to wear a face mask, in line with current Government advice⁴.
- Consider prioritising appointments for vulnerable patients (for example, patients who are in the HSE 'at-risk' groups) at times when the pharmacy is likely to be quieter, to reduce the likelihood of contact with other people.
- If walk-in appointments are provided, procedures must be in place to ensure adequate physical distancing recommendations can be met, and clear signage should be provided so that the patient knows where to go.

^{4.} Government guidance on safe use of face coverings: www.gov.ie/en/publication/aac74c-guidance-on-safe-use-of-face-coverings/

3.2 Patient consultation prior to vaccination

- Where possible, carry out patient consultations for vaccinations by telephone, online or using other eHealth measures such as video consultation⁵. It is important that non face-to-face patient consultations are effective and still meet the requirements set out in the PSI's Vaccination Guidance to assess a patient's suitability for vaccination.
- If this is not possible, this assessment should be carried out in an area of the pharmacy where physical distancing can be ensured while still maintaining patient confidentiality.
- You should explain to the patient in advance the requirements for post vaccination observation in line with NIAC Guidelines (to ensure there are no adverse reactions) and the arrangements that have been put in place for this, for example, where the patient will wait and whether they should bring an accompanying adult with them (see Section 3.7 below).

3.3 Consent for vaccine administration

- PSI Vaccination Guidance specifies that the pharmacist must record that voluntary informed consent is obtained both for the vaccination and the recording and keeping of data. Records of consent obtained should be retained and easily retrievable at the pharmacy.
- Publications are available from the National Adult Literacy Agency about clear language use for forms and public notices, including language around COVID-19; <u>www.nala.</u> <u>ie/publications/?category=plain-english-</u> <u>resources.</u>

3.4 Screening for symptoms of COVID-19 prior to arrival

 Consider the best system for screening the patient for any potential symptoms of COVID-19, or recent contact with a confirmed case of COVID-19, before they come to the pharmacy for their appointment. This should be carried out as close to the appointment as possible.

For example this could be done using an electronic form, text message or phone call to the patient.

- Patients should be informed in advance that they must NOT attend for their appointment if they have COVID-19 symptoms, have been recently diagnosed with COVID-19, are awaiting testing or test results, or have been advised to self-isolate.
- Before providing a walk-in service, screen the patient, as above, at a safe physical distance.

3.5 Arrival at the pharmacy

Depending on the size of the pharmacy, and patient access at the time you will be providing the vaccination service, the following should be considered:

- Ideally, patients should be asked not to enter the pharmacy until the vaccination services area is set up and the pharmacist is ready. Consider asking the patient to wait in their car if this is practical. Consider using a text message alert system or asking patients to phone when they have arrived.
- Use clear markings to show where the patient can safely wait outside (while maintaining physical distancing) and appropriate signage at the pharmacy entrance to direct patients where to go.
- If walk-in appointments are provided, procedures must be in place to ensure that patients can wait safely and that adequate physical distancing between patients can be met.

5. You should exercise your professional judgement in providing care and advice to patients remotely. You should weigh the benefits of using available technology platforms against the risks to patient confidentiality and privacy.

- Patients should be asked to use an alcoholbased hand sanitiser when they arrive into the pharmacy and/or on entering the vaccination services area.
- Patients should follow current Government guidance⁶ on the use of face masks. Consider providing face masks to patients where necessary.

3.6 Administration

- Limit the number of people in the vaccination services area to only the pharmacist and patient, and one parent or guardian, or carer, where applicable.
- The vaccinating pharmacist must wash their hands with alcohol-based hand sanitiser or soap and water before and after administering each vaccination.
- The HPSC website⁷ provides information on the safe use and disposal of surgical masks. In line with HPSC guidance, surgical masks should be worn by the pharmacist when administering the vaccination. HPSC guidance advises that if there is no specific known risk of COVID-19, surgical masks can be discarded as regular domestic waste.
- Hand hygiene should be performed before surgical masks and gloves are put on and after they are removed.
- As outlined above, patients should be advised to wear a face mask in line with current Government guidance.
- Ensure the vaccination services area is cleaned and disinfected after every vaccination (using household detergents/ disinfectants) and on a regular basis, including table tops, backs of chairs and door handles.

3.7 Post-vaccination observation and counselling

- Consult with the most up to date NIAC guidance in the Anaphylaxis chapter of the Immunisation Guidelines on how long vaccine recipients should be observed for after vaccination.⁸
- This applies after any child or adult vaccination because of the very rare possibility of anaphylaxis. In addition, syncope may occur with most cases occurring less than 5 minutes after vaccine administration. In most instances, following vaccination there is a period of at least 5 minutes when the record card is being completed before the vaccinated person leaves the room.
- To reduce the risk of possible exposure to COVID-19, the person may leave the premises after vaccination and remain in the vicinity for the remaining minutes, provided they (or their parent/guardian) are given post vaccination advice and the vaccinated person is accompanied by an adult.
- Where possible, records for the administration of the vaccine (as set out in the PSI Vaccination Guidance) should be made away from the patient to minimise the time spent in close contact. Consider how the information required for these records can be obtained from the patient during the remote patient consultation, for example, by telephone, online or using other eHealth measures such as video consultation.
- Before they leave the pharmacy, the patient should still receive the Patient Leaflet from the vaccine and any applicable information provided by the HSE as set out in the PSI Vaccination Guidance.

Version 1	August 2020
Version 2	October 2021
Version 3	September 2022

⁶ Government guidance on safe use of face coverings: <u>https://www.gov.ie/en/publication/aac74c-guidance-on-safe-use-of-face-coverings/</u>

7 www.hpsc.ie

⁸ Immunisation Guidelines, Anaphylaxis Chapter: anaphylaxis.pdf (hse.ie)