

To:
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Dear Colleague,

POSITION STATEMENT FOR THE VACCINATION OF PATIENTS WHERE THEY LIVE USING COVID-19 VACCINE ASTRAZENECA (AZ)

Background

The Department of Health (NI) issued circular Circular HSS (MS) 10/21 **GUIDANCE ON THE USE OF THE COVID-19 VACCINE ASTRAZENECA TO VACCINATE HOUSEBOUND PATIENTS** on 21st January 2021 [doh-hss-md-10-2021.pdf \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/circular-hss-ms-10-21-guidance-on-the-use-of-the-covid-19-vaccine-astrazeneca-to-vaccinate-housebound-patients). The purpose of this position statement is to provide further advice in relation to the risk assessment that should be undertaken. This applies to patients residing in their own homes or within a care home setting.

The Circular referred to Standard Operating Procedures (SOP) developed by the Specialist Pharmacy Service (SPS) which have supported the implementation and administration of COVID-19 vaccination across the Health Service.

The movement of punctured vials of AstraZeneca COVID-19 vaccine between multiple sites, i.e. end user locations, presents a greater risk of microbiological contamination and proliferation than a single site delivery.

The SPS SOPs aim to balance the need to protect vaccine quality, minimise the risk of harm to the patient from accidentally administering contaminated vaccine and minimise vaccine wastage.

SPS has provided advice in the movement of a punctured vial of the AstraZeneca COVID-19 vaccine e.g. to a patient's home [Transporting the AstraZeneca COVID-19 Vaccine from PCN designated sites to end user locations, patients' homes and within the PCN Grouping – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Risk assessment

The risk of patient harm through administration of a contaminated dose of vaccine is related to a combination of the following:

- There being no antimicrobial preservative contained within the multidose vial.
- Vaccinator aseptic technique.
- The environment within which the dose is prepared.
- The number of punctures to the vial; the more punctures the greater the chance of contamination.
- The higher the ambient temperature and the longer the interval between first puncture and subsequent doses, the greater the risk of a harmful level of contamination.

Recommendation

When planning vaccination at patients' homes, the Lead GP, Lead Nurse and the GP Pharmacist (GPP) should undertake an assessment to identify and understand the risk factors associated with the transfer of the vaccine for administration to remaining patients where they live. The GPP may contact their local Trust Medicines Information service for further advice if necessary. Vaccinators must be made aware of these risk factors and the following risk reduction measures must be considered and be in place.

Risk reduction measures

- Aseptic technique is of paramount importance.
- Minimise the time between the first and last puncture within the maximum 6-hour period.
- Ensure the vial is transported and stored within a validated cool box for the 6-hour period.
- Swab the entire vial and then the bung, with a 70% alcohol swab after removal from the validated cool box and leave for 30 seconds to dry.
- Swab the entire vial with a 70% alcohol swab before replacing it in the validated cool box.
- Place the used vial back in the cool box for onward transport. This must be segregated from unused vials and it must be used first.
- Any subsequent administrations must be delivered as soon as practically possible and within 6 hours from the time of first puncture as recorded on the vial label.
- Check that the validated cool box temperature stays between +2°C and +8°C at all times.
- If the temperature exceeds +8°C discard all punctured vials.
- If failure of aseptic technique is suspected, discard all punctured vials.

After all patients' homes have been visited or the 6 hour expiry has been reached there must be no returns to stock of any used or unused vials of the vaccine. The vaccine must never be returned to the GP practice refrigerator after it has left the site for administration elsewhere. Discard the vaccine vials into the appropriate sharps bin, ensuring the label of the vial packaging is defaced or destroyed before disposal. The appropriate code for disposal should be recorded.

Yours sincerely,



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