




Section B for the administration of COVID-19 vaccines by PHECC registered Vaccinators (Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics) for Health Service Executive (HSE) vaccination programme.

(This document is to be read in conjunction with the Master Medicine Protocols published by National Immunisation Office for administration of COVID-19 vaccines)

Name of Organisation where this section b applies	Health Service Providers across the voluntary and statutory services of the Health Service Executive (HSE), and vaccination clinic centres. This protocol applies to registered Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics) involved in the administration of the COVID-19 Vaccine to vaccine recipients under this protocol. This protocol does not apply where practitioners are deployed on behalf of a PHECC Licensed CPG Service Provider.
Date this section b comes into effect	September 2025
Date for review of this section b	September 2026 The first version of this document is dated 23 rd May 2024. This document is subject to ongoing revision. Please refer to the current version available on the NIO website
Document prepared by:	Pre-Hospital Emergency Care Council in consultation with the National Immunisation Office (NIO)
Names and Signatures of the officers authorising the implementation of this protocol <i>"On behalf of the HSE as the approving authority of the COVID-19 training programme for registered PHECC Practitioners, I have read this protocol and authorise its implementation"</i>	Name: Mr Richard Lodge , Director, Pre-Hospital Emergency Care Council Signature: 

Section B: Information Specific to Pre-Hospital Emergency Care Council (PHECC) registered Vaccinators (Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics), for the administration of COVID-19 vaccines for Health Service Executive (HSE) COVID-19 vaccination programme and in the event of an outbreak.

Statutory Instruments No. 245 of 2021 and S.I. No. 418 of 2025 enables registered health care professionals (including Registered EMT, Paramedics and Advanced Paramedics) to administer COVID-19 vaccine as part of an HSE vaccination programme.

In order to administer the vaccine, PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) **must read and understand** the vaccine specific master medicine protocol for the administration of each COVID-19 vaccine to be administered.

PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) shall **complete the Self-Assessment of Competency Form** included in this section. The master medicine protocols and the Self-Assessment of Competency Form are available at www.immunisation.ie

PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) **must** have attained the professional qualification, training and competence requirements as listed below in order to be eligible to administer COVID-19 vaccines using the HSE master medicine protocols for these vaccines.

Professional Qualifications, Training, Experience and Competence Required

<p>Professional qualifications, training, experience and competence required prior to using this section B document</p>	<p>The PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) must have completed all of the following:</p> <ol style="list-style-type: none"> 1. Be a Registered EMT, Paramedic or advanced paramedic on the active register maintained by PHECC 2. Be currently certified at Cardiac First Response – Advanced within the last two years 3. Initial <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSELand.ie followed by a two hour classroom based skills workshop. Recertification is required every two years by completing the on-line <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSELand.ie 4. Primary Childhood Immunisation Programme accessible on www.HSELand.ie 5. Self-Assessment of Competency Form for COVID-19 Vaccines (included in this Section B document) 6. National Immunisation Office COVID-19 education modules <ul style="list-style-type: none"> • mRNA COVID-19 Vaccine Formulations for children aged 6 months -11 years (recommendations and clinical considerations video for children aged 6 months to 11 years and pharmacy storage and handling modules for the vaccine formulations, for 5 years to 11 year olds) • mRNA COVID-19 Vaccine Formulations for people aged 12 years and older (recommendations and clinical considerations video for children aged 12 years+ and pharmacy storage and handling modules for the vaccine formulations) accessible on www.HSELand.ie
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	<p>7. National Immunisation Information System (NIIS) online training programme available at www.HSeLanD.ie</p> <p>8. <i>Storing and Managing Vaccines</i>, available at www.HSeLanD.ie</p> <p>Recommended:</p> <ol style="list-style-type: none"> 1. <i>Children having vaccinations and healthcare procedures</i>: (Professor Lucy Bray ONMSD 2023, available at www.HSeLanD.ie 2. <i>Talking about Immunisation</i>, available at www.HSeLanD.ie 3. <i>Patient information leaflet COVID-19 Vaccines available at</i> https://www.hse.ie/eng/services/covid-19-resources-and-translations/covid-19-vaccine-materials/combined-covid-19-booklet.pdf
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The PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) must be familiar with the following list of clinical documents

Supporting Documents for PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics)

HSE Vaccination Programme COVID-19 Operational Guidance v5, available at <https://healthirl.sharefile.eu/home/shared/fo0e94a2-4c18-4f90-ab82-43cae539ac48>

National Clinical Guideline No. 30 (2023) – Infection Prevention and Control (IPC) <https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/>.

National Immunisation Advisory Committee (2023) Anaphylaxis: Immediate Management in the Community. Available at <https://www.hiqa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland>

National Immunisation Advisory Committee *Immunisation Guidelines for Ireland chapter 5a (2025)* Dublin: Online update available at <https://www.hiqa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland>

National Immunisation Office (2024) *HSE Guidelines for maintaining the vaccine cold chain including maintenance of vaccine fridges and management of vaccines* available at <https://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/sopnio01fridge.pdf>

National Immunisation Office (2024) *HSE Guidelines for maintaining the vaccine cold chain in vaccine cool boxes*. Available at www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/sopnio02box.pdf

National Immunisation Office (2025) Dublin: Clinical Guidance for COVID-19 Vaccination <https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/clinicalguidance.pdf>

PHECC (2017) *Code of Professional Conduct and Ethics for Registrants*. Available at: https://www.phecit.ie/PHECC/Public_and_patients/Code_of_professional_conduct_and_ethics/PHECC/Public_and_Patients/Code_of_Professional_Conduct_and_Ethics/Code_of_Professional_Conduct_and_Ethics.aspx?hkey=2fc616eb-7865-4bbb-8526-7a6f25ddb54c



NAME: _____

(PRINT CLEARLY in CAPITALS)

Self-Assessment of Competency to Administer COVID-19 Vaccine under the HSE Master Medicine Protocol

	Critical Element	Competent Date/Initials	Needs Practice Date/Initials	Needs Theory Date/Initials
1.	I understand the role and function of medicine protocols in the context of my practice in relation to: <ul style="list-style-type: none"> • Code of Professional and Ethics for my discipline • Immunisation Guidelines of Ireland 			
2	I understand that vaccines are prescription only medicines (POM) and prior to administration require either: <ol style="list-style-type: none"> 1. a valid prescription for individual vaccines or 2. a medicine protocol for individual vaccines 			
3	I practice within my scope of practice to undertake administration of COVID-19 vaccine under the medicine protocol			
4	I am familiar with and adhere to the practices as set out in: <ul style="list-style-type: none"> • <i>Immunisation Guidelines for Ireland</i> (NIAC). • COVID-19 Guidelines for Vaccinators (NIO) • NIO COVID-19 Vaccination Training Programme- COVID-19 Vaccine formulations for People aged 12 years and older and COVID-19 Vaccine formulations for children aged 5-11years accessible on www.HSELand.ie I undertake to review the most current vaccination information from the NIO available at www.immunisation.ie			
5	I have successfully completed the National Immunisation Office (NIO) education programme for COVID-19 vaccine, available at on www.HSELand.ie			
6	I have attended Cardiac First Response - Advanced within the last two years and am currently certified.			
7.	I am competent in safe intramuscular injection (IM) technique			
8.	I have successfully completed an approved Anaphylaxis education programme <ul style="list-style-type: none"> • initial <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSELand.ie • followed by a two hour classroom based skills workshop. • Recertification is required every two years by completing the on-line <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSELand.ie or the relevant anaphylaxis management programme approved by their professional organisation. I am familiar with NIAC (2023) <i>Anaphylaxis: Immediate Management in the Community</i> .			
9.	I have successfully completed the Primary Childhood Immunisation Programme accessible on HSELand			
10.	I undertake to review the most current vaccination information from the NIO - www.immunisation.ie .			
11	I understand if further education and training is required in intramuscular injection technique I am required to attend face to face education/training provided by the HSE or HSE contracted			

	providers			
12	I can outline the inclusion/exclusion criteria for administering COVID-19 vaccine under the named medicine protocol.			
13.	In assessing suitability for vaccination I can undertake a clinical assessment of individuals within the scope of the medicine protocol.			
14.	I can refer those who meet the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol.			
15.	I am familiar with the documentation required to support implementation of the medicine protocol to ensure safe administration of COVID-19 vaccines.			
16.	I can provide information regarding COVID-19 vaccine, benefits and side effects to vaccine recipients.			
17.	I have knowledge of the appropriate documentation procedure for treatment and reporting of adverse drug reactions to the Health Products Regulatory Authority (HPRA) if required available at: www.hpra.ie			
18.	I can demonstrate the procedure for reporting and documentation of medication errors/near misses as per HSE Enterprise Risk Management Policy & Procedures (2023)			
19.	I understand how to dispose of single use equipment and sharps in accordance with National Clinical Guideline No. 30 (2023) Infection Prevention and Control (IPC) available at: https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/			
20	In the event of needle stick injury, I understand the guidelines as outlined in the 'EMI Tool Kit' available at: https://www.hpsc.ie/a-z/EMIToolkit/			
21	I understand the agreed process, including ICT systems if applicable for the accurate and appropriate documentation of the vaccine administration			
22	I understand the purpose and importance of completing the required HSE data returns following vaccine administration			
23.	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.			
24.	I have successfully completed the following www.hseland.ie programmes: <ol style="list-style-type: none"> 1. AMRIC Aseptic Technique 2. AMRIC Hand Hygiene 3. GDPR 4. Introduction to Childrens First 			
25	I have the knowledge and skills to safely administer the vaccine regarding the following: <ul style="list-style-type: none"> • Preparation of the vaccine for administration • Documentation of the details of the vaccine to include the vaccine label which has the batch number and expiry date details • Date and time and site of administration of vaccine Vaccinator ID (name, signature, and number)			
25	I am aware and comply with the National Consent Policy available at https://www.hse.ie/eng/about/who/national-office-human-rights-equality-policy/consent/			

I have sufficient theoretical knowledge and practice to undertake vaccination under this medicine protocol independently, and I acknowledge my responsibility to maintain my own competence in line with current best evidence.

PHECC Registered Emergency Medical Technician, Paramedic or Advanced Paramedic

Signature: _____ Date: _____ PHECC Reg. PIN _____

If any deficits in theory and/or clinical practice are identified, the PHECC Registered Emergency Medical Technician, Paramedic or Advanced Paramedic must discuss with relevant line manager and implement appropriate action plan to achieve competency within an agreed time frame.

Action Plan (for use if needed to reach competencies outlined)

Action necessary to achieve competency:
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Date to be achieved:

Supporting evidence of measures taken to achieve competency:
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PHECC Registered EMT, Paramedic or Advanced Paramedic signature

Date:

Line Manager Signature

Date:
