Mandatory (M) – field **must** be populated

Conditionally Mandatory (CM)- Field must be populated if previous fields are completed

Required (R) – Please complete, but **only where data is available.**

* + OR Mandatory where related fields are not available see Notes

Optional (O) – Supplier may choose to include this, where data is available

1. **Batch Entry**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field Name | Data Type | Length / format / values | M/R/O/CM | Notes |
| Manufacturer | String | AstraZeneca ModernaPfizerNovavax | M | Drop down list |
| VaccinationType | String | * AstraZeneca 0.5ml dose AAnnnnn
* Spikevax 0.1mg/0.5ml dose (Moderna) nnnnnnn
* Comirnaty 30micrograms/0.3ml dose (Pfizer) AAnnnn
* Comirnaty Children 5-11 years 10micrograms/0.2ml dose (Pfizer)
* Comirnaty COVID-19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd) AAnnnn
* Comirnaty Children 5-11 years COVID-19 mRNA Vaccine 10micrograms/0.2ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd) nnnnnnn and nnnnnnA
* Spikevax COVID-19 mRNA (nucleoside modified) Vaccine 0.1mg/0.5ml dose dispersion for injection multidose vials (Moderna, Inc) nnnnnnnnnn
* COVID-19 Vaccine Spikevax 0 (Zero)/O (Omicron) 0.1mg/ml dispersion for injection multidose vials (Moderna, Inc) AAnnnn
* Comirnaty Original/Omicron BA.1 COVID-19 mRNA Vaccine 15micrograms/15micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd) AAnnnn
* COVID-19 Vaccine Nuvaxovid (recombinant, adjuvanted) 5micrograms/0.5ml dose dispersion for injection multidose vials (Novavax CZ a.s.) nnnnAAnnn
* Comirnaty Children 6 months - 4 years COVID-19 mRNA Vaccine 3micrograms/0.2ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd) AAnnnn
* Comirnaty Original/Omicron BA.4-5 COVID-19 mRNA Vaccine 15micrograms/15micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd)         AAnnnnA
* COVID-19 Vaccine VidPrevtyn Beta (CoV2 preS dTM monovalent B.1.351 [recombinant adjuvanted]) 5micrograms/0.5ml dose solution and emulsion for emulsion for injection multidose vials (Sanofi Pasteur) XXXXXXX (7 alphanumeric characters)
* COVID-19 Vaccine Spikevax Original/Omicron BA.4/BA.5 dispersion for injection 0.1mg/ml multidose vials (Moderna, Inc) nnnnnnA and AAnnnnA
 | M | Drop down list appears after Manufacturer is selected |
| Batch Number | String | A = letter, n = numberAAnnnnn for AstraZenecaAAnnnn, nnnnnnn, AAnnnnA, or nnnnnnA for PfizernnnnAAnnn for Novavaxnnnnnnnnnn , nnnnnnn, nnnnnnA, AAnnnn, or AAnnnnA for Modernannnnnnn for Sanofi Pasteur | M |  |
| Batch Expiry date | String | 10DD/MM/YYYY | M |  |
| Defrost Expiry Date | String | 10DD/MM/YYYY | M | **Mandatory** for deep freeze storage vaccines (Moderna and Pfizer) |

1. **Patient Entry**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field Name | Data Type | Length / format / values | M/R/O/CM | Notes |
| NHS Number | Number | 10 | M | NHS Number  |
| Forename | String | Up to 50 Characters | M |  |
| Surname | String | Up to 50 Characters | M |  |
| Gender | String | Female/Male/Not Known/Not Specified | M | Drop down list |
| DOB | String | 10DD/MM/YYYY | M |  |
| Postcode | String | Up to 20 Characters | M | Value should be divided into two parts (inward & outward) separated by a single space, e.g., EC1A 1BB A default of ZZ99 3WZ is acceptable where this has not been recorded retrospectively |

1. **Pre-Screening**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field Name | Data Type | Length / format / values | M/R/O/CM | Notes |
| Eligibility Type | String | Individual lives in a care home?Individual works in a care home?Individual is a health care worker?Individual is a social care worker?Individual is eligible due to their age?Individual is eligible due to pregnancy?Individual is immunosuppressed?Individual is clinically at risk?Individual is either homeless or lives in a closed setting such as residents of supported living accommodation?Individual is a household contact of people with immunosuppression?Individual is a carer?Individual has had CAR-T therapy or stem cell transplantation since receiving their last vaccination? | M | Drop down list |
| Staff Organisation | String | Nvarchar(max) | CM | Mandatory if ‘Eligibility Type’ is one of: Individual works in a care home?Individual is a health care worker?Individual is a social care worker? |
| Staff Role |  | Additional Clinical ServicesAdditional Professional Scientific and TechnicalAdmin and ClericalAHP (eg. Physiotherapist)Ambulance ServiceCare Home WorkerEstates and AnciillaryHeathcare AssistantsHealthcare ScientistsMedical and DentalNot KnownNursing and MidwiferyOtherSocial Care WorkerStudent DoctorStudent Nurses | M | Drop down list |
| Employee Number | String | Up to 10 numbers | O |  |
| Planned Vaccine Type | String  | AstraZeneca 0.5ml doseComirnaty 30micrograms/0.3ml dose (Pfizer)Comirnaty Children 5-11 years 10micrograms/0.2ml dose (Pfizer)Spikevax 0.1mg/0.5ml dose (Moderna) | M | Drop down list  |
| Dose | String | First DoseSecond DoseBooster Dose | M | Drop down list |
| Date | String | 10DD/MM/YYYY | M | Calendar selection |
| Prescreening Clinician | String | Up to 50 characters | M |  |
| Booking Number | Number | Up to 50 characters | R |  |
| Is the individual currently unwell with a fever, or having any symptoms of COVID-19 infection? | String | Y/N | CM | Radio Button |
| Has the individual been vaccinated against shingles in the last 7 days? | String | Y/N | CM | Radio Button |
| Does the individual have a history of any of the following? - Anaphylaxis- Reaction to a previous dose of COVID-19 vaccine- Significant unexplained allergies | String | Y/N  | CM | Radio Button |
| Has the individual informed you they are currently or have been in a trial of a potential coronavirus vaccine? | String | Y/N | CM | Radio Button |
| Has the individual been previously diagnosed with COVID-19 vaccine-related myocarditis or pericarditis? | String | Y/N | CM | Radio Button |
| Does the individual have a history of capillary leak syndrome? | String | Y/N | CM | Radio Button |
| Does the individual have a history of Idiopathic Thrombocytopenia (ITP)? | String | Y/N | CM | Radio Button |
| Has the individual indicated they are, or could be pregnant? | String | Y/N | CM | Radio Button |
| Is the individual taking anticoagulant medication, or do they have a bleeding disorder? | String | Y/N | CM | Radio Button |
| Comments | String | Free type box | CM | Free Text, Mandatory if any of the above questions are answered Yes |
| Consented for vaccination: | String | Yes/No | M | **Radio Button** |
| Consent Type | String | Informed consent given for treatmentConsent given by person with parental responsibilityConsent given by Court Appointed DeputyConsent given by Independent Mental Capacity AdvocateClinician decision to vaccinate following the Best Interests process of the Mental Capacity ActConsent given by person with lasting power of attorney for personal welfare  | CM | Drop down list.  |
| Name of Person Consenting | String | Up to 50 Characters | CM | Mandatory if Consent given by person with parental responsibility is selected/ Consent given by Court Appointed Deputy/ Clinician decision to vaccinate following the best interests process of the Mental Capacity Act/Consent given by Independent Mental Capacity Advocate/ Consent given by person with lasting power of attorney for personal welfare  |
| Relationship to Patient | String | Free type box | CM | Mandatory if Consent given by person with parental responsibility is selected |
| Name of Responsible Clinician | String | Up to 50 Characters | CM | Mandatory if Consent given by person with parental responsibility is selected/ Consent given by Court Appointed Deputy/ Clinician decision to vaccinate following the best interests process of the Mental Capacity Act/Consent given by Independent Mental Capacity Advocate/ Consent given by person with lasting power of attorney for personal welfare  |
| Responsible Clinician ID | String | Up to 50 Characters | CM | Mandatory if Consent given by person with parental responsibility is selected/ Consent given by Court Appointed Deputy/ Clinician decision to vaccinate following the best interests process of the Mental Capacity Act/Consent given by Independent Mental Capacity Advocate/ Consent given by person with lasting power of attorney for personal welfare  |
| Responsible Clinician Professional Code | String | GDC (General Dental Council)GMC (General Medical Council)GOC (General Optical Council)GPhC (General Pharmaceutical Council)HCPC (Health and Care Professions Council)NMC (Nursing and Midwifery Council) | CM | Mandatory if Consent given by person with parental responsibility is selected/ Consent given by Court Appointed Deputy/ Clinician decision to vaccinate following the best interests process of the Mental Capacity Act/Consent given by Independent Mental Capacity Advocate/ Consent given by person with lasting power of attorney for personal welfare  |
| Clinically Suitable | String | Y/N | M | Radio Button  |
| Pre-Screening Outcome | String | Approved for VaccinationVaccination not done – ContraindicatedVaccination not done – Refused | R | Drop down list. |

1. **Vaccination**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field Name | Data Type | Length / format / values | M/R/O/CM | Notes |
| Vaccinated | String | Yes / No | M | Radio Button |
| Date | String | 10DD/MM/YYYY | CM | If correct date entered, A drop down will appear on Batch Number. |
| Prescribing Method**\*** | Number | National Protocol (NP)National Group Directions (PGD)Patient Specific Directions (PSD) | M | Mandatory tick box, National Protocol(NP) selected as Default.  |
| Not vaccinated Reason | String | Protection maintenance course abandonedProtection maintenance course contraindicatedProtection maintenance course declinedProtection maintenance course not doneProtection maintenance course not indicatedSARS-CoV-2 immunisation course contraindicatedSARS-CoV-2 immunisation course declinedSARS-CoV-2 immunisation course not doneSARS-CoV-2 immunisation course not indicatedSARS-CoV-2 vaccination dose declinedSARS-CoV-2 vaccination dose not given | R | **Drop down list****Mandatory if Vaccinated = No** |
| Vaccinator Forename | String | Nvarchar(max) | M | **Mandatory if Vaccinated = Yes** |
| Vaccinator Surname | String | Nvarchar(max) | M |  |
| Vaccinator Professional Body | String | GDC (General Dental Council)GMC (General Medical Council)GOC (General Optical Council)GPhC (General Pharmaceutical Council)HCPC (Health and Care Professions Council)NMC (Nursing and Midwifery Council) | R |  |
| Vaccinator ID | String | Nvarchar(max) | R |  |
| Clinician drawing up Vaccine Forename | String | Nvarchar(max) | M |  |
| Clinician drawing up Vaccine Surname | String | Nvarchar(max) | M |  |
| Clinician drawing up vaccine Professional body | String | GDC (General Dental Council)GMC (General Medical Council)GOC (General Optical Council)GPhC (General Pharmaceutical Council)HCPC (Health and Care Professions Council)NMC (Nursing and Midwifery Council) | CM | If Qualified is Yes, this becomes Mandatory |
| Clinician drawing up vaccine ID | Number | Nvarchar(max) | CM | If Qualified is Yes, this becomes Mandatory |
| Qualified | String | Y/N | M | Radio Button |
| Supervising Clinician Forename | String | Nvarchar(max) | CM | Mandatory if Qualified = No |
| Supervising Clinician Surname | String | Nvarchar(max) | CM | Mandatory if Qualified = No |
| Supervising Clinician Professional Body | String | GDC (General Dental Council)GMC (General Medical Council)GOC (General Optical Council)GPhC (General Pharmaceutical Council)HCPC (Health and Care Professions Council)NMC (Nursing and Midwifery Council) | CM | Mandatory if Qualified = NoDropdown |
| Supervising Clinician ID | Numbers |  | CM | Mandatory if Qualified = No |
| Same as Vaccinator | Number | Radio Button | R | **Required** if clinician details are filled in. |
| Responsible Clinician Forename | String | Up to 50 characters | M |  |
| Responsible Clinician Surname | String | Up to 50 characters | M |  |
| Responsible Clinician Professional body  | String | GDC (General Dental Council)GMC (General Medical Council)GOC (General Optical Council)GPhC (General Pharmaceutical Council)HCPC (Health and Care Professions Council)NMC (Nursing and Midwifery Council) | M | Mandatory if ‘Is clinician drawing up vaccine qualified’ is ticked No |
| Responsible Clinician ID | Numbers | Up to 10 characters | M |  |
| Batch Number | String | Nvarchar(max) | M | Drop down list. **Must have been entered in the batch entry screen and correct date selected.** |
| Manufacturer | String | Pre-populated when Batch selected | M | Cannot be edited here |
| Batch Expiry Date | Number | Pre-populated when Batch selected | M | Cannot be edited here |
| Defrost Expiry Date | String | DD/MM/YYYY | M | Mandatory for Pfizer Vaccination. Use calendar icon to select date. |
| Vaccine Type | String | Pre-populated with batch | M | Cannot be edited here |
| Vaccinator Site | String | Left ThighLeft Upper ArmRight Upper ArmRight Thigh | M | Drop down list |
| Dose | String | First DoseSecond DoseBooster Dose | M | Drop down list |
| Dose Amount | String | 0.5ml0.3ml0.1ml | M | Will prefill unless it is a child’s vaccine where 0.1ml will need to be selected |
| Vaccinator Organisation | String |  | M | Will prefill based on your organisation selection when first logging into NIVS but can be amended |
| Vaccination GeoSite | String |  | M | Will prefill based on your organisation selection when first logging into NIVS but can be amended |
| Has the patient received all the relevant post vaccination information? | String | Y/N | M |  |

1. **Adverse Reaction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field Name | Data Type | Length / format / values | M/R/O/CM | Notes |
|  |  |  |  | **These fields become Mandatory if patient has had an adverse reaction.** |
| Reaction Type | Number | AllergyIntolerance | M | Drop down list |
| Reaction | String | Allergic reaction caused by vaccine product (disorder)Anaphylaxis caused by substance (disorder)Bleeding (finding)Bronchospasm (finding)Dizziness (finding)Erythema (finding)Facial swelling (finding)Headache (finding)Injection site erythema (disorder)Injection site itching (finding)Injection site pain (disorder)Injection site pruritus (disorder)Injection site urticaria (disorder)Lip swelling (finding)Nausea (finding)Seizure (finding)Syncope (disorder)Tongue swelling (finding)Vaccination site swelling (disorder)Vomiting (disorder)Weal (disorder) | M | Drop down list (different options dependant on Reaction type). |
| Reaction Severity | String | MildModerateSevere | M | Drop down list |
| Reporting Clinician | String | Nvarchar(max) | R | Required if available |
| Criticality | String | HighLowUnable to assess | M | Drop down list |
| Verification Status | String | ConfirmedUnconfirmed | M | Drop down list |
| Date First Experienced | String | 10DD/MM/YYYY | M | Select Calendar icon. |
| Was this part of a Co-Administration event? | String | Yes/No | M | Radio Button |
| Comment | String | Nvarchar(max) | R |  |

**Prescribing Method \* -** For any advice required regarding the National Protocol, please follow the link below; <https://www.gov.uk/government/publications/national-protocol-for-covid-19-mrna-vaccine-bnt162b2-pfizerbiontech>

National protocol for COVID-19 mRNA vaccine BNT162b2 (Pfizer/BioNTech)

This protocol is for the administration of COVID-19 mRNA vaccine BNT162b2 to individuals in accordance with the national COVID-19 vaccination programme. www.gov.uk

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Version Date** | **Author/Changes** | **Description** |
| 1.0 | 10/12/2020 | Zaynab Bhana | Initial Version |
| V2 | 12/02/2021 | Zaynab Bhana | Updated version – approved by Elizabeth Rushton |
| V3 | 25/02/2021 | Zaynab Bhana | Updated – Approved by ER |
| V4 | 24/02/2022 | Helen Rodgers |  |
| V5 | 24/05/2022 | Harrison Whitworth |  |
| V6 | 26/08/2022 | Harrison Whitworth |  |
| V7 | 07/10/2022 | Vicky Nelson | Addition of staff role and Employee number |
| V8 | 05/04/2023 | Harrison Whitworth | Update of vaccines. |