



# The PDA Guide to Covid-19 Vaccine Administration

May 2021

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## PDA guide to vaccine administration

In light of the ongoing Covid-19 vaccination programme, the PDA have put together an information sheet, following on from the Covid-19 risk management poster and stickers available [here](#)

### Vaccine administration

Individuals giving Covid-19 vaccinations must have completed the prerequisite training as outlined in the service specification and must have immediate access to appropriate equipment. Adrenaline (epinephrine) must always be immediately available. Before any vaccine is given, consent must be obtained and suitability for immunisation must be established with the individual to be vaccinated, or their parent or carer.

### Prior to administration

Vaccinators should ensure that:

- there are no contraindications to the vaccine(s) being given
- the vaccinee or carer is fully informed about the brand of vaccine(s) to be given and understands the vaccination procedure
- the vaccinee or carer is aware of possible adverse reactions (ADRs) and how to treat them.

### Vaccination site

The Covid-19 vaccine should be injected into the deltoid muscle in the upper arm (Figure 1) and given in the central and thickest portion of the muscle.

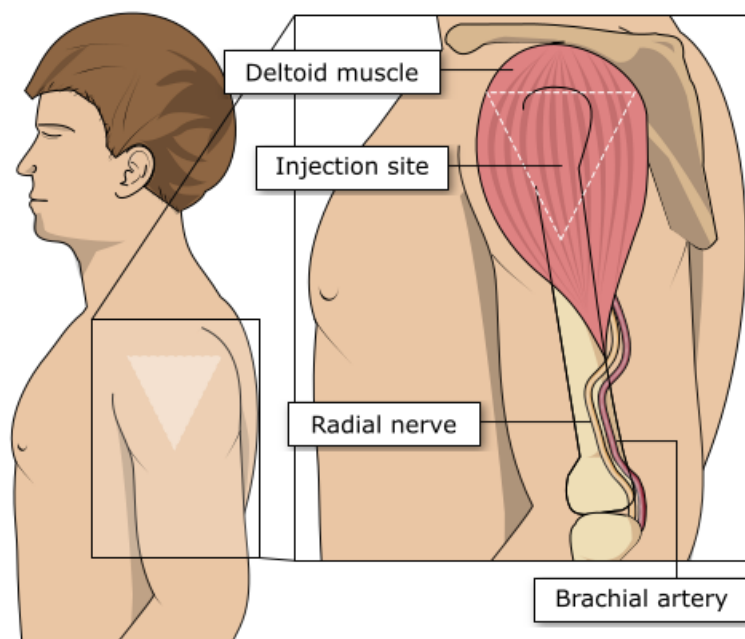


Fig 1 Deltoid muscle, upper arm

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It is essential that the correct site and injection technique are used to administer vaccines.

Injecting too high into the upper arm might result in the vaccine being deposited in the shoulder capsule rather than the deltoid muscle. If this happens, inflammation can occur, leading to a shoulder injury or a frozen shoulder. This leads to pain, weakness and a limited range of motion that can last for months.

Injecting too far to the side of the arm or too low on the arm risks injecting into the axillary nerve or the radial nerve. This can cause a burning or shooting pain during the procedure and can lead to nerve damage (neuropathy/paralysis).

To avoid shoulder injury, always assess the limb before administering the vaccine to identify the correct site for injection.

If there is insufficient muscle mass in the area of the deltoid or a particular reason the deltoid muscle is otherwise unsuitable, inject into the vastus lateralis muscle in the anterolateral aspect of the thigh (Fig 2).

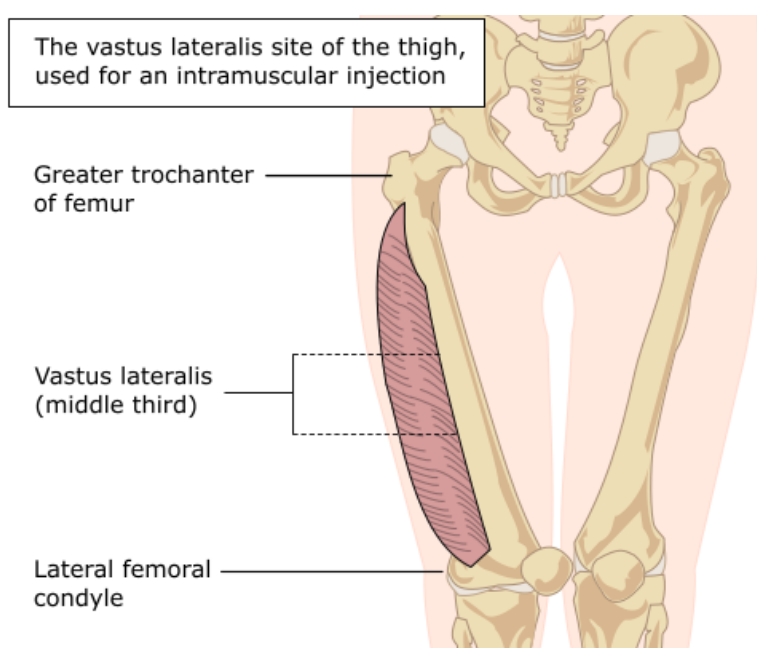


Fig 2 Vastus lateralis muscle, thigh

Currently, the Covid-19 vaccines are not recommended for or authorised by the Joint Committee on Vaccination and Immunisations (JCVI) for most children under 16. Evidence is being considered on the risk of serious disease in children, the role children play in transmission, and the safety and efficacy of Covid-19 vaccines in this age group.

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Should the JCVI recommendations change, infants under 1 year old should receive vaccinations into the anterolateral aspect of the thigh because the deltoid muscle is not sufficiently well enough developed at this age.

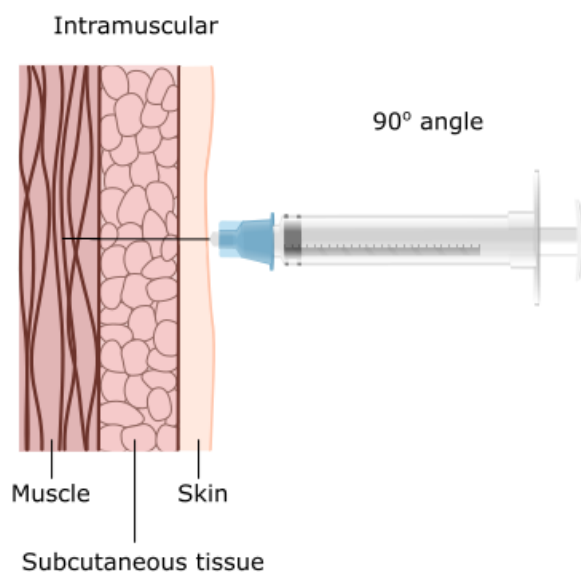
### Intramuscular process

Skin does not need to be specially cleaned prior to vaccination. If it is visibly dirty, then water is sufficient to clean it.

Plasters are not generally needed to cover injection sites but can be used if necessary. Gentle pressure with a gauze swab can be applied following vaccination if bleeding occurs.

**Intramuscular process** (Fig 3):

- Identify the correct site for IM injection
- Stretch the skin at the site
- Insert the needle at a 90° angle far enough to ensure vaccine is delivered into muscle
- Depress the plunger
- Gently remove the needle
- Apply light pressure if bleeding occurs



**Fig 3 Intramuscular vaccination**

*Adapted from Immunisation procedures: the green book, chapter 4 and NHS e-Learning for Healthcare*

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<sup>1</sup> <https://www.gov.uk/government/publications/priority-groups-for-phase-2-of-the-coronavirus-covid-19-vaccination-programme-advice-from-the-jcvi/jcvi-interim-statement-on-phase-2-of-the-covid-19-vaccination-programme>