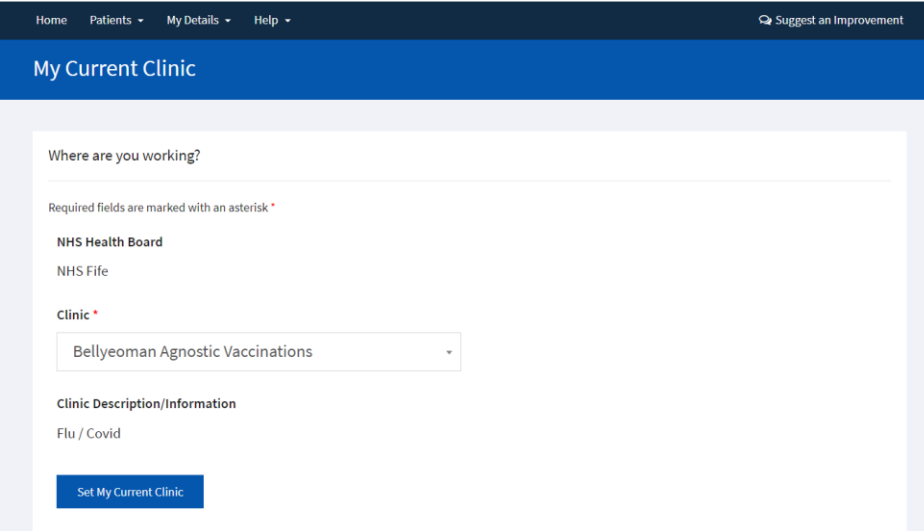


## VMT Help Guide - Vaccinator (register, screen & vaccinate a patient)

On your initial login you will be asked to enter your registration number.

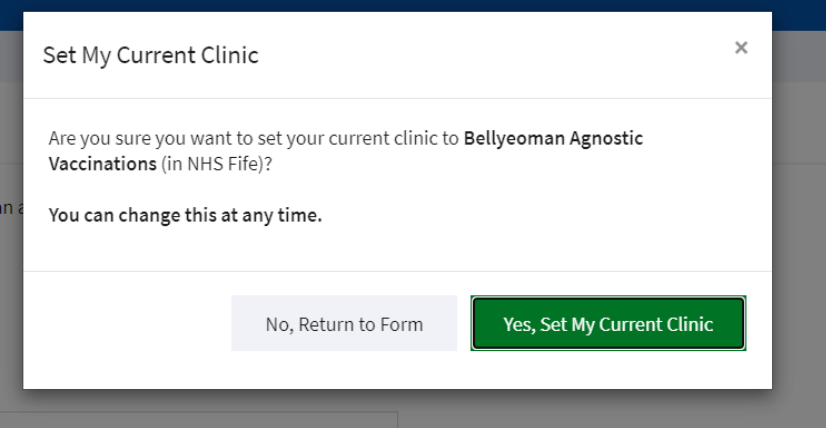
Then select your current clinic – this is your Pharmacy.



The screenshot shows the 'My Current Clinic' page in the TURAS Vaccination Management system. The page has a dark blue header with the text 'TURAS | Vaccination Management' on the left and navigation links 'COVID-19 Response', 'Dashboard', 'Applications', and 'Fife Vaccinator' on the right. Below the header is a navigation bar with 'Home', 'Patients', 'My Details', and 'Help'. The main content area is titled 'My Current Clinic' and contains a form with the following elements:

- A heading: 'Where are you working?'
- A note: 'Required fields are marked with an asterisk \*'
- A section for 'NHS Health Board' with the value 'NHS Fife'.
- A section for 'Clinic \*' with a dropdown menu showing 'Bellyeoman Agnostic Vaccinations'.
- A section for 'Clinic Description/Information' with the value 'Flu / Covid'.
- A blue button at the bottom labeled 'Set My Current Clinic'.

Select yes to confirm



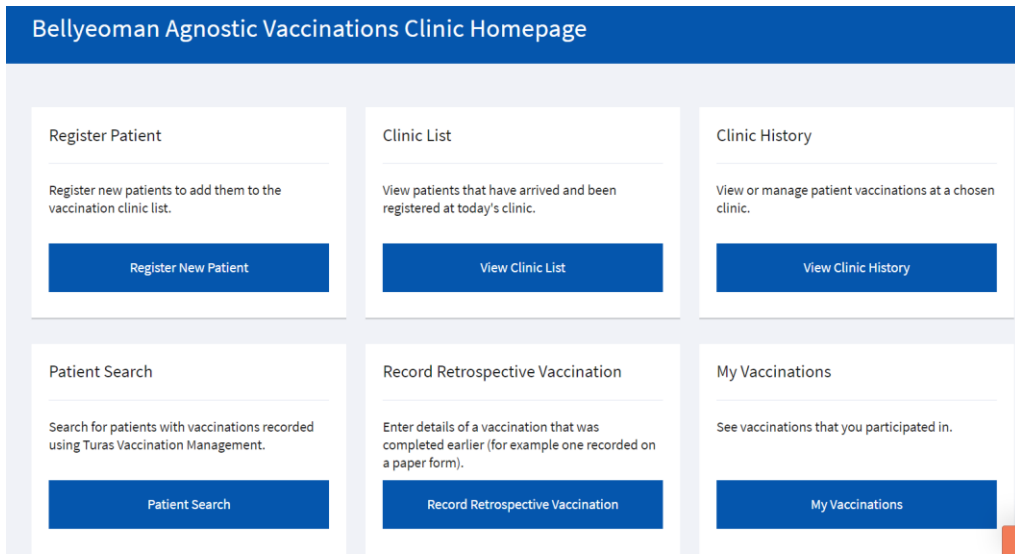
The screenshot shows a confirmation dialog box titled 'Set My Current Clinic'. The dialog box contains the following text:

- 'Are you sure you want to set your current clinic to **Bellyeoman Agnostic Vaccinations** (in NHS Fife)?'
- 'You can change this at any time.'

At the bottom of the dialog box, there are two buttons: a grey button labeled 'No, Return to Form' and a green button labeled 'Yes, Set My Current Clinic'.

# 1. Register a Patient

## Go to homepage



## and select register patient

### Register Patient

Register new patients to add them to the vaccination clinic list.

Register New Patient

**Search for patient by either entering patients CHI or Search by Patient Details (DOB, last name & first name). The use of CHI is preferable as demographics will be populated for you. Fields with red \* are mandatory.**

### Register Patient

Required fields are marked with an asterisk \*

Search for Patient by CHI Number \*

Search CHI

Don't know the Patient's CHI Number?

Search Using Patient Details

Continue without CHI Number

Close without Saving

## Confirm CHI search results & select patient

**i** These details were found for CHI 0101248288

Name	Date of Birth	Age	Sex
CLELLAND, Priya	01/01/1924	97 years	Female

**Select this Patient**    Incorrect Details

## Select vaccination type & eligibility criteria

### Today's Vaccination

**i** What types of vaccine is the patient expecting to receive today (subject to screening)?

### Vaccine Types \*

Flu

### Eligibility

**i** Please choose the single most appropriate item from the options below. The 'Age Group' option should be selected if none of the other specific reasons apply, including if the patient is attending due to priority age group invitation.

### Eligibility Criteria \*

<input type="radio"/> Healthcare Worker	<input type="radio"/> Social Care Worker	<input type="radio"/> Care Home Resident
<input type="radio"/> Care Home Staff	<input type="radio"/> Unpaid Carer	<input type="radio"/> Care at Home
<input type="radio"/> Clinically Extremely Vulnerable	<input checked="" type="radio"/> Age Group	<input type="radio"/> Clinically at Risk 16-64

## Select no to appointment clinic

Does the Patient have an appointment at this clinic? \*

Yes     No

## Select register patient & start screening

Register Patient and Start Screening

## Confirm details

Confirm Register Patient and Start Screening

Are you sure you want to register this patient with the clinic at **Airlie Medical Practice** and start the screening of the patient?

You have selected that the following vaccines will be administered:

- Flu
- COVID-19

## 2. Screening & Consent

If yes, you will be prompted for details.

Has the Patient Received Any Additional Vaccinations in the Last 6 Months? \*

Yes  No

Is the Patient known to be pregnant? \*

Yes  No

### Select suitability & consent for Flu

Today's Flu Vaccination

Suitable for Flu vaccination? \*

Patient is suitable  Patient is NOT suitable

Suitability notes for Flu vaccination (optional)

! If necessary, you can add a note about this patient's suitability here. Be aware this note will NOT generate any action. (300 character maximum)

This field is optional

Consent to Flu Vaccination

Informed consent given for Flu vaccination? \*

Consent given  Consent NOT given

### Record Screening Outcome & Start Vaccination

Record Screening Outcome and Start Vaccination

Record Screening Outcome

Save as Draft

Close without Saving

Confirm Record Screening Outcome and Start Vaccination ×

Are you sure you want to record the screening outcome for

0101248288 CLELLAND, Priya (97y/F)

and start the vaccination of this patient?

### 3. Record Vaccination

Flu Vaccination Details

**Records suggest that this patient has not received a Flu vaccination in the last 6 months (checked on 06/09/2021)**

Was the Vaccination Administered? \*

Vaccination was administered  Vaccination was NOT administered

Product Name \*

Fluenz Tetra LAIV (AstraZeneca)  Quadrivalent Influenza Vaccine QIVe (Sanofi)

Flucelvax Tetra QIVc (Seqirus)  Flud Tetra aQIV (Seqirus)

Supemtek QIVr (Sanofi)

**N.B. Product name selected will provide differing methods of administration**

#### Select product & batch

Product used for Flu vaccination \*

Fluenz Tetra LAIV (AstraZeneca)  Quadrivalent Influenza Vaccine QIVe (Sanofi)

Flucelvax Tetra QIVc (Seqirus)  Flud Tetra aQIV (Seqirus)

Supemtek QIVr (Sanofi)

Batch number used for Flu vaccination \*

-- Select --

Type here to filter the list or search for a batch number...

-- Select --

9171A

DATE OF FLU VACCINATION DOSE (dd/mm/yyyy)

#### Enter dose, date, method & site

Flu vaccination dose number \*

1  2

Date of Flu vaccination dose (dd/mm/yyyy) \*

07/09/2021

Method of administration for Flu vaccination \*

Intramuscular  Subcutaneous

Site of administration for Flu vaccination \*

Upper Left Arm  Upper Right Arm  Left Thigh  Right Thigh

## Complete Post Vaccination Check & Finalise the vaccination record.

**IMPORTANT: Please ensure all vaccination details are correct before confirming vaccination.**

Post Vaccination Check

---

**Post-Vaccination Information and Guidance** \*

Give the patient post-vaccination information either verbally, using paperwork/leaflets or direct them to the [nhsinform.scot website](#). [↗](#)

Patient Was Directed to Vaccination Information and Guidance

Your Details

<b>Name</b> File Vaccinator	<b>Registration Number Type</b> Not Applicable
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## Confirm Vaccination

Confirm Finalise Vaccination Record ×

Are you sure you want to finalise this vaccination record for

DUCK, Daffy (99y/M)

**Go back to home page to register another patient.**

**You may be asked if using the same batch numbers and previous batch details will be populated.**

Was the Flu vaccination administered? \*

Vaccination was administered  Vaccination was NOT administered

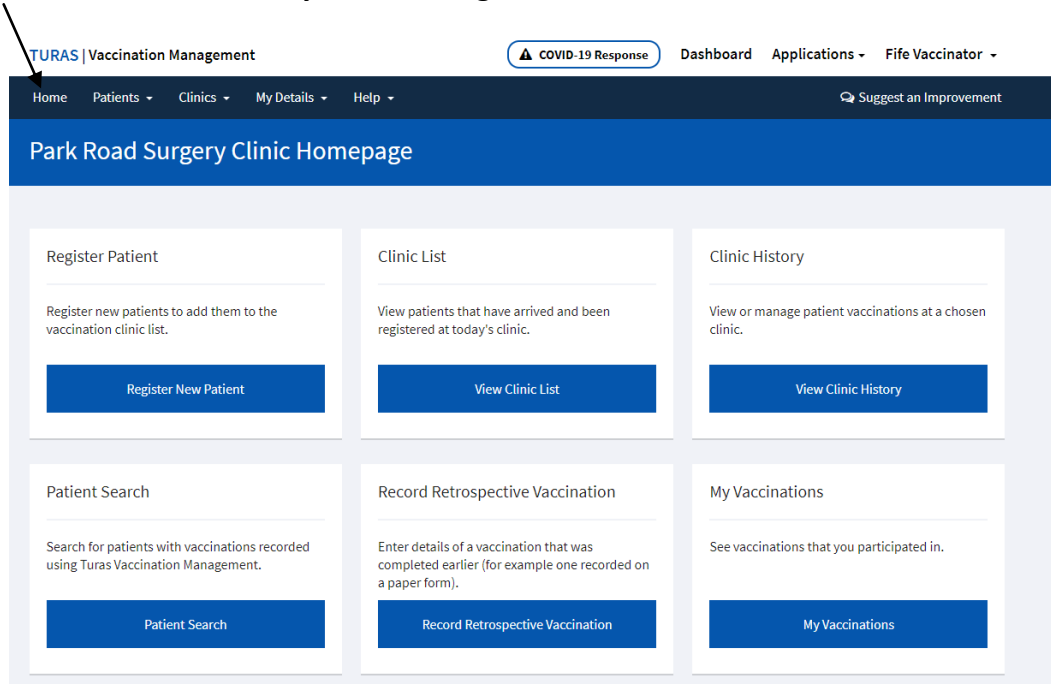
Select the same product and batch number as your last Flu vaccination? \*

- Product : **Quadrivalent Influenza Vaccine QIVe (Sanofi)**
- Batch : **9171A**

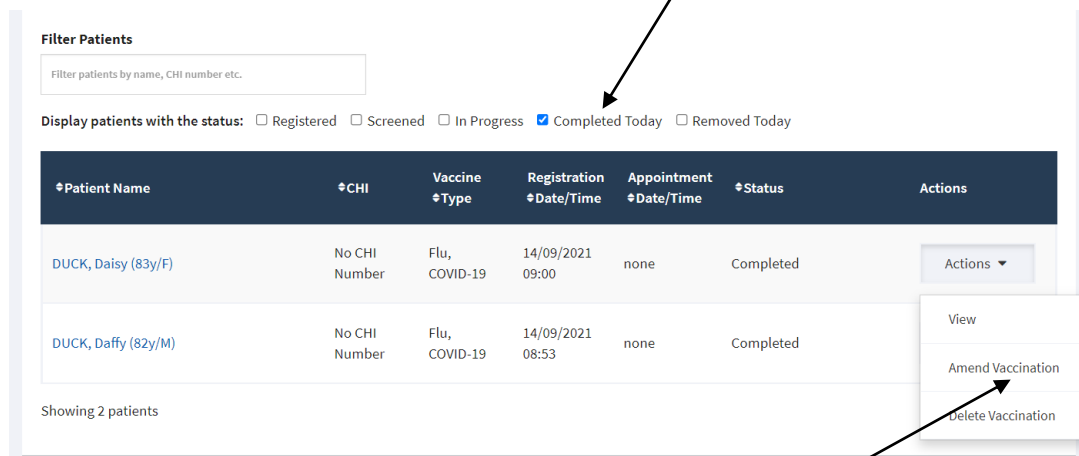
Yes  No

If you discover an error has been made, you have up to 60 minutes to amend the vaccination details.

Click on home to take you Home Page



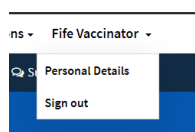
Click on view clinic list and filter list on completed today



Select patients actions and click on amend vaccination.

Any patients who need amended thereafter will need to be done through the Fife Records Manager. Please contact [fife.gmsfacilitators@nhs.scot](mailto:fife.gmsfacilitators@nhs.scot)

Please ensure you sign out of clinic when you have completed your vaccinations.



You will be warned if you have any outstanding vaccinations.