PGD 0617

South Staffordshire & Shropshire Healthcare NHS Foundation Trust

Patient Group Direction

Administration of Hepatitis B Vaccine

By Registered Nurses employed by South Staffordshire & Shropshire Healthcare NHS Foundation Trust in Substance Misuse Teams

This Patient Group Direction for use in South Staffordshire & Shropshire Healthcare NHS Foundation Trust and is authorised by:			
Position of Signatory	**Name**	**Signed**	**Date**
Medical Director	Dr Abid Khan		
Chief Pharmacist	Cathy Riley		
Director of Quality & Clinical Performance	Therèsa Moyes		
Director of Nursing	Alison Bussey		

The named below, being employees of South Staffordshire & Shropshire Healthcare NHS Foundation Trust, in the Substance Misuse Teams, are authorised to administer Hepatitis B Vaccine under this Patient Group Direction:

Name	Job Title	Signed	Date

This Patient Group Direction is operational from 1st April 2017. Review date: Jan 2019. Expires on 31st March 2019.

This PGD replaces PGD 3112.

Professional Responsibility

All registered nurses and non medical prescribers, practicing within Drug and Alcohol services being employees of South Staffordshire & Shropshire HealthCare NHS Foundation Trust are authorised to administer Hepatitis B Vaccine as specified under this Patient Group direction following demonstration of the competencies below;

Professional Responsibility / Competencies

1. The registered nurse will have undertaken appropriate training to carry out clinical assessment of patient that requires treatment according to the indications listed in the PGD

2. All nurses will have received training in the management and treatment of anaphylactic shock on an annual basis

3. Each nurse will keep a record in their professional portfolio of the updates attended during every 12 month period – This information will also form part of the team's annual training plan

4. The nurse will have due regard for the NMC Code of Conduct, Scope of Professional Practice and Standards for Medicines Management (Nursing & Midwifery Council)

5. Undertaken appropriate training and possess the competencies for working under PGDs for the administration of medicines

6. All registered nurses details and signature must be entered on the PGD

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8. Following administration a record of the site, date, stage and batch number of the vaccine should be made and recorded in the clients records

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For full product information, always refer to the latest SPC (Summary of Product Characteristics).

If the anaphylaxis is related to a medication, please remember to report to the CSM, via a Yellow Card Report (http://emc.medicines.org.uk)

Administration of	Engerix B - 20 micrograms/ 1 ml
Legal Classification	Prescription Only Medicine (POM)
Black Triangle?	No
Type	Intramuscular Injection
Storage	Locked Fridge - stored at between 2 to 8 degrees centigrade
Condition to be treated	Prevention of Hepatitis B in substance misuse clients within the Trust's operational area who are susceptible to infection
Inclusion Criteria	Trust clients who are Inclusion drug and alcohol service users who are over 16 years of age and susceptible to infection.
Exclusion Criteria	Vaccination is to be withheld and medical advice sought in cases of: ♦ acute febrile infection ♦ pregnancy ♦ Lactation ♦ known hypersensitivity to a component of the vaccine ♦ inability to consent ♦ proven history of Hepatitis B ♦ if a client is receiving anti-coagulant therapy.
Action if excluded or patient declines	Explain to client why they have been excluded and record reasons for the exclusion decision and seek medical advice if necessary. If the client is excluded because of an acute febrile illness, ask them to return when better. If client declines, record reasons for refusal and refer to Duty Doctor if necessary- initial refusal should not be a barrier to future uptake of the vaccination programme. Advise on good infection control/harm minimisation procedures, if client is either excluded or declines.
Reasons for seeking further advice from doctor	***Special notice*** If the client states or you suspect that they are pregnant or lactating <u>you may not administer Hepatitis B vaccine under this PGD</u> – you must refer for medical advice and standard prescription.

	If the client is receiving anti-coagulant therapy- refer to Duty Doctor.
Administration Route	Intramuscular injection - deltoid muscle of the non dominant arm.
Dose	Engerix B: 20 micrograms in 1 ml in a pre- filled syringe
Administration Schedule Evidence suggests that vaccinating non - attendees late still results in serological responses. Ref J Budd, R Robertson and R Elton. Hepatitis B vaccination and injecting drug users. *British Journal of General Practice 2004, 54, 444-447.* Therefore the second and third vaccinations can be administered **late** with up to 6 months between doses, at the discretion of the administering nurse.	**Exceptionally accelerated schedule:** Three doses of vaccine - to be administered at 0, 7 and 21 days. A fourth dose is recommended 12 months after the first dose. If appropriate due to non attendance, **Accelerated schedule:** Three doses of vaccine - to be administered at 0, 1 and 2 months. A fourth dose is recommended 12 months after the first dose. Or **Basic schedule**: Three doses of vaccine – to be administered at 0,1 and 6 months. **Booster** A single dose five years after completion of the primary course **<u>Advice</u>** If the service user fails to attend on the correct dates for the very rapid induction, then they can be switched to the alternative accelerated schedule. However the booster dose at 12 months is crucial to gain a good response rate to vaccination.
Warnings/Adverse Reactions	It is important that immunisation against hepatitis B does not encourage relaxation of other measures designed to prevent exposure to the virus, e.g. condom use and needle exchange. Healthcare workers giving immunisation should use the opportunity to provide advice on other preventative measures or to arrange referral to appropriate specialist services. Potential adverse reactions are usually mild and transient the most usual being, soreness, redness and hardening at the vaccination site lasting only a few days. However clients should be advised to seek medical advice if they develop a rash, itching and reddening of the skin, painful swollen joints, swollen eyes or

	lips, unexplained or easy bruising, fever with pins and needle like sensations, loss of movement or difficulty with vision. Further information can be found within the BNF For full details see the Summary of Product Characteristics (SPC). **Report all SERIOUS adverse reactions to the CSM by the Yellow Card system (http://emc.medicines.org.uk)**
Advice/Management of Adverse Reactions & Follow-up Action	All clients attending the Trust service contact points and who are intravenous drug users should be offered Hepatitis B vaccination. Clients should be advised on the nature of Hepatitis B and the benefits of vaccination. The vaccination schedule should be explained to the client and consent obtained and recorded. Clients who have the vaccination should be advised to wait on the premises for at least 20 minutes in case of an anaphylactic reaction and to seek urgent medical attention if they experience any tightness in the throat or tightness in the chest Ensure follow up vaccination dates and times are agreed with the client to support completion of the 4 dose programme
Use in pregnancy and lactation	Refer to doctor. Benefit usually outweighs risk (hepatitis B is an inactivated vaccine, so the risks to the foetus are likely to be negligible) so doctor may decide, with service user, it is appropriate to administer under medical authorisation/prescription.
Records	The following should be recorded in the patient's records: • Name of preparation • Dose given • Route and site of administration • Date and time given • Signature of person administering the medicine • PGD Number and the administration also recorded in the

	medicine card/electronic prescribing & medicines administration record, with the PGD Number recorded as authorisation.