

Professional Responsibility

All registered nurses being employees of South Staffordshire & Shropshire HealthCare NHS Foundation Trust, and working as trained vaccinators, are authorised to administer influenza vaccine as specified under this Patient Group direction following demonstration of the competencies below;

Professional Responsibility / Competencies

1. All Registered health care professionals who have completed immunisation and vaccination training (theoretical and practical competency assessment), within the last 2 years.
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. Access to the current edition of the Green Book Immunisation against Infectious Disease (2006) and any relevant updates.
<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>
5. The nurse will have due regard for the NMC Code of Conduct, Scope of Professional Practice and Standards for Medicines Management (Nursing & Midwifery Council)
6. Undertaken appropriate training and possess the competencies for working under PGDs for the supply and administration of medicines
7. All registered nurses details and signature must be entered on the PGD
8. Following administration a record of the site, date, stage and batch number of the vaccine should be recorded in the clients records

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

Administration of	Inactivated Influenza Vaccine 0.5 mls (Appendix 1)
Legal Classification	POM
Black Triangle?	No
Type	Inactivated. Check individual current Summary of Product Characteristics (SPCs) The World Health Organisation recommends which strains should be included each year.
Storage	+2°C to +8°C. Do Not Freeze. Allow to reach room temperature before use.
Condition to be treated	Prophylaxis of influenza.
Inclusion Criteria	Staff employed by, or working under the authority of South Staffordshire & Shropshire Healthcare Foundation Trust, (Appendix 2) AND: <ul style="list-style-type: none"> • who have a bleeding disorder or are taking a medication which causes bleeding e.g. warfarin/heparin
Exclusion Criteria	<ul style="list-style-type: none"> • Current acute illness • Hypersensitivity to the active substances, to any of the excipients or to any component that may present as traces such as eggs (ovalbumin, chicken proteins), formaldehyde, cetyltrimethylammonium bromide, polysorbate 80, or gentamicin. • Previous severe reaction to flu vaccination • Previous seasonal influenza vaccination in current season • Appropriate for intramuscular injection (no bleeding disorders or medication causing bleeding, e.g. warfarin, heparin) - use PGD 3815
Action if excluded or patient declines	<p>Declined: Record refusal in employee record – advise on influenza management</p> <p>Excluded: Advise on risks if in a clinical “at risk” group (Appendix 3), and recommend discussing with GP</p>
Reasons for seeking further advice from doctor	If in doubt
Administration Route	Deep subcutaneous injection. The deltoid muscle is

	the recommended site for the injection.
Dose	Adults– 0.5ml
Administration Schedule	<p>Annual single dose</p> <p>DOH guidance recommends vaccination programme to commence mid September onwards.</p> <p>The duration of postvaccinal immunity to homologous strains or to strains closely related to the vaccine varies but is usually 6 – 12 months</p>
Warnings/Adverse Reactions	<p>Local reaction at injection site, including redness, swelling, pain, ecchymosis, induration.</p> <p>Fever, malaise, shivering, fatigue, headache, sweating, myalgia and arthralgia.</p> <p>These reactions usually disappear within 1-2 days</p> <p>Employees should be advised that many other organisms cause respiratory infections similar to influenza during the influenza season which the vaccine will not prevent.</p> <p>Seroprotection is generally obtained within 2 to 3 weeks</p> <p>Impaired response possible in immunocompromised patients</p> <p><u>Drug interactions</u>: may occasionally enhance the action of warfarin, phenytoin and theophylline.</p> <p>If unsure refer to GP - the benefits of immunisation will normally outweigh the effect of the interactions.</p> <p>Some preparations contain trace thiomersal (check relevant SPC), although none contain it as an added preservative.</p> <p>For full details see Summary of Product Characteristics</p>
Advice/Management of Adverse Reactions & Follow-up Action	<p>Clients may experience GI disturbance, fever, malaise, headache, myalgia and/or arthralgia beginning 6-12 hours after immunisation and lasting up to 48 hours or a localised reaction (e.g. pain, inflammation, redness at injection site). If required, Paracetamol can be taken. If patient experiences</p>

	<p>other severe symptoms they should contact their GP</p> <p>Advise client that immunisation is due each year. If concerned about a reaction to seek advice from nurse or doctor. Notify Occupational Health Service.</p> <p>If an adverse reaction does occur then</p> <ul style="list-style-type: none"> • Inform the patient's GP as soon as possible • Report the reaction to the MHRA using the yellow card system <p>Anaphylaxis Emergency Treatment Have Adrenaline (Epinephrine) 1:1000 ready for use in case of anaphylaxis. See PGD for the Administration of Adrenaline (Epinephrine) 1:1000.</p> <p>Provide manufacturer's patient information sheet.</p>
Use in pregnancy and lactation	<p><u>Pregnancy</u>: appropriate at any stage of pregnancy in the flu season season (Ref: Appendix E, The National Flu Immunisation Programme Letter) <u>Lactation</u>: appropriate (Ref: SPC)</p>
Records	<p>The following should be recorded in the employer record:</p> <ol style="list-style-type: none"> 1. Name and brand 2. Batch number and expiry date 3. Dose given 4. Route and site of administration 5. Date 6. Signature 7. Client consent form

Reference:

Guidance National flu immunisation programme plan

From: [Department of Health](#), [Public Health England](#), and [NHS England](#)

Part of: [Annual flu programme](#)

Published: 20 March 2017

<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

The national flu immunisation programme letter 2017/18

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600880/annual_flu_letter_2017to2018.pdf

Flu Plan Winter 2017/18

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600532/annual_flu_plan_2017to2018.pdf

Appendix 1

Vaccine composition for 2017/18

1. Flu viruses change continuously and the WHO monitors the epidemiology of flu viruses throughout the world. Twice a year it makes recommendations about the strains to be included in vaccines for the forthcoming winter. For the 2017/18 flu season (northern hemisphere winter) it is recommended that trivalent vaccines contain the following:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus; and
- a B/Brisbane/60/2008-like virus.

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Phuket/3073/2013-like virus.

2. For further information see:

www.who.int/influenza/vaccines/virus/recommendations/2017_18_north/en/

Supplier	Name of product	Vaccine type	Age indications	Contact details
AstraZeneca UK Ltd	Fluenz Tetra ▼	Live attenuated, nasal (quadrivalent)	From 24 months to less than 18 years of age	0845 139 0000
GSK	Fluarix™ Tetra ▼	Split virion inactivated virus (quadrivalent)	From three years	0800 221 441
MASTA	Imuvac®	Surface antigen, inactivated virus	From six months	0113 238 7552
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus	From six months	
	Quadrivalent Influenza Vaccine (split virion, inactivated) ▼	Split virion, inactivated virus	From three years	
Mylan (BGP)	Influvac®	Surface		0800 358

Products	sub-unit	antigen, inactivated virus	From six months	7468
	Imuvac®	Surface antigen, inactivated virus	From six months	
	Influenza vaccine, suspension for injection (influenza vaccine, surface antigen, inactivated)	Surface antigen, inactivated virus	From six months	
Pfizer Vaccines	Influenza vaccine (split virion, inactivated), pre-filled syringe	Split virion, inactivated virus	From five years	0800 089 4033
	Enzira®	Split virion, inactivated virus	From five years	
Sanofi Pasteur vaccines	Quadrivalent Influenza Vaccine (split virion, inactivated) ▼	Split virion, inactivated virus		0800 854 430
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion, inactivated virus		
	Intanza®15 µg	Split virion, inactivated virus		
Seqirus Vaccines Ltd	Agrippal®	Surface antigen, inactivated virus	From six months	08457 451 500

Health and social care workers

Background

1. Flu immunisation should be offered by NHS organisations to all employees directly involved in delivering care. Immunisation against influenza should form part of healthcare organisations' policy for the prevention of transmission of infection (influenza) to protect patients, staff and visitors. In addition, frontline health care workers (i.e. staff involved in direct patient care) have a duty of care to protect their patients from infection. This is not an NHS service, but an occupational health responsibility being provided to NHS staff by employers.
2. Social care providers, nursing and residential homes, and independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. Staff in the residential and care home sector, as well as staff providing care to people in their own homes, are working with some of the most vulnerable in our communities, so it is important that they help protect themselves and service users against flu.
3. Doctors are reminded of the General Medical Council's (GMC) guidance on Good Medical Practice (2013), which advises immunisation 'against common serious communicable diseases (unless otherwise contraindicated)' in order to protect both patients and colleagues.
4. Nurses, midwives and health visitors are reminded that the NMC Code requires registrants to "take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public".
5. The General Pharmaceutical Council advises pharmacy professionals providing key healthcare services, and often dealing with patients directly, to consider getting vaccinated and to encourage their staff to get vaccinated as well.
6. Health professionals such as physiotherapists, radiographers and paramedics registered with the Health and Care Professionals Council, are reminded of the requirement: "You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible."
7. Chapter 12 of the Green Book provides information on which groups of staff can be considered as involved in direct patient care.
8. We would encourage all employers to offer the vaccine in an accessible way, and all staff to consider seriously the benefits to themselves and their family, patients, residents, and service users and as a result accept the offer of the vaccine.

Commissioning for Quality and Innovation (CQUIN) Guidance

9. NHS England has published a two year CQUIN covering 2017/18 and 2018/19 which includes an indicator to improve the uptake of flu vaccinations for frontline healthcare staff within providers. As in previous years, the national ambition is that a minimum of 75% of staff in trusts are vaccinated against flu. However, in recognition of the fact that for some trusts this represents a significant amount of work, the CQUIN indicator (1c) for the first year is for providers to achieve an uptake of flu vaccinations by frontline healthcare staff of

70%, rising to 75% in the second year. Providers commissioned under the NHS Standard Contract will be eligible for CQUIN payments, e.g. acute, mental health, community and ambulance trusts.

Communications

10. NHS Employers run a national staff-facing campaign to encourage healthcare workers to get vaccinated. The campaign provides support to NHS Trusts in England running their local staff flu vaccinations campaigns, ensures consistency of message, shares good practice and harnesses clinical and professional leadership at both national and local levels. Further information and contact details can be found on the NHS Employers flu fighter website. There are a range of printable and adaptable resources for use in the NHS and care sector.

Vaccination by employers

11. Responsibility for provision of occupational flu immunisation rests with employers. Immunisation should be provided through occupational health services or other arrangements with private healthcare providers. It is vital that health and social care staff not only protect themselves against flu, but recognise the importance of infection prevention and control and protecting patients, clients and service users in their care.

12. It is recommended that NHS independent contractors (GPs, dentists, community pharmacists and optometrists) offer vaccination to their employed staff, and responsibility for this lies with employers as above. Staff should not be asked to go to their GP for their immunisation unless they fall within one of the recommended at-risk groups, or GPs have been contracted specifically to provide this service.

13. Teams involved in the vaccination of staff are reminded that occupational health services are recommended to keep records of staff who have been immunised. The information on vaccination should also be sent to GP practices, with the patient's permission, to update their patient records. It is important that accurate and up-to-date information on vaccine uptake in staff is available.

Groups included in the national flu immunisation programme

1. In 2017/18, flu vaccinations will be offered under the NHS flu vaccination programme to the following groups:

- all those aged two and three (but not four years or older) on 31 August 2017 (ie date of birth on or after 1 September 2013 and on or before 31 August 2015)
- all children in reception class and school years 1, 2, 3 and 4
- all primary school-aged children in former primary school pilot areas
- people aged from six months to less than 65 years of age with a serious medical condition such as:
 - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease at stage three, four or five
 - chronic liver disease
 - chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability
 - diabetes
 - splenic dysfunction
 - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
 - morbidly obese (defined as BMI of 40 and above)
- all pregnant women (including those women who become pregnant during the flu season)
- people aged 65 years or over (including those becoming age 65 years by 31 March 2018)
- people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence
- people who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill
- consideration should also be given to the vaccination of household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable

2. The list above is not exhaustive, and the healthcare practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.

3. It is also important that health and social care workers with direct patient/service user contact should be vaccinated as part of an employer's occupational health obligation.

Healthcare practitioners should refer to the Green Book influenza chapter for further detail about clinical risk groups advised to receive flu immunisation. This is regularly updated, sometimes during the flu season, and can be found at:
www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book