

Patient Group Direction

Administration of Hepatitis B Vaccine

By Registered Nurses and Midwives in Integrated Sexual Health and Registered Nurses in Inclusion Services employed by South Staffordshire & Shropshire Healthcare Foundation NHS Trust

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, are authorised to administer Hepatitis B vaccines to patients in Integrated Sexual Health and Inclusion Services, under this Patient Group Direction

Name	Job Title	Signed	Date

**This Patient Group Direction is operational from 1st October 2017.
Review date: August 2019. Expires on 31st October 2019.**

Replaces PGDs 2516b and 0617

Professional Responsibility

All registered nurses and non medical prescribers, practicing within Sexual Health and Inclusion 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
7. All registered nurses details and signature must be entered onto the PGD
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

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	HB Vaxpro – 10 micrograms/1 ml Engerix B - 20 micrograms/1 ml Engerix B Paediatric – 10 micrograms/0.5mL HB Vaxpro Paediatric – 5 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 sexual health or inclusion clients within the Trust's operational area who are susceptible to infection .
Inclusion Criteria	Trust sexual health or inclusion clients who are, 13 years of age plus and susceptible to infection.
Exclusion Criteria	Vaccination is to be withheld and medical advice sought in cases of: <ul style="list-style-type: none"> ◆ acute febrile infection ◆ known hypersensitivity to a component of the vaccine ◆ inability to consent ◆ proven history of active/chronic Hepatitis B ◆ if a client is receiving anti-coagulant therapy. ◆ HIV positive individuals
Action if excluded or patient declines	<p>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.</p> <p>If client declines, record reasons for refusal and refer to a Doctor if necessary- initial refusal should not be a barrier to future uptake of the vaccination programme.</p> <p>Advise on good infection control/harm minimisation procedures</p>
Reasons for seeking further advice from doctor	<p>*Special notice</p> <p>If the client states or you suspect that they are pregnant or lactating <u>you may not administer</u></p>

	<p><u>Hepatitis B vaccine under this PGD</u> – you must refer for medical advice and standard prescription.</p> <p>If the client is receiving anti-coagulant therapy- refer to a Doctor.</p>
Administration Route	Intramuscular injection - deltoid muscle
Dose	<p><u>16 years and above</u> Engerix B: 20 micrograms in 1ml in a pre-filled syringe</p> <p>HBVAX PRO 10 micrograms/ml</p> <p><u>13 to 15 years</u> Engerix B: 10 micrograms in 0.5ml in a pre-filled syringe</p> <p>HBVAX PRO Paediatric 5 micrograms/ml</p>
Administration Schedule	<p>Adult 16 Years and Above 20 micrograms in 1ml</p> <p>Standard Schedule Immediate 1st injection, 2nd dose 1 month after first dose, 3rd dose 2 months after first dose, followed by a fourth dose 12 months after first dose. Total dose number: 4.</p> <p>Rapid Induction Immediate 1st injection, 2nd in seven days, 3rd twenty-one days after the first injection, followed by a booster at 12 months. Total dose number: 4.</p> <p>Paediatric 13 – 15 Years 10 micrograms in 0.5ml Immediate 1st injection, 2nd dose 1 month after first dose, 3rd dose 2 months after first dose, followed by a fourth dose 12 months after first dose. Total dose number: 4.</p> <p>Booster dose as clinically indicated</p> <p>Refer to local Sexual Health departmental guidelines for further advice regarding Hep B schedules</p>
Warnings/Adverse Reactions	<p>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</p>

	<p>measures or to arrange referral to appropriate specialist services.</p> <p>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.</p> <p>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.</p> <p>Further information can be found within the BNF</p> <p>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)</p>
<p>Advice/Management of Adverse Reactions & Follow-up Action</p>	<p>All clients attending the Trust sexual health or inclusion service and who are at risk should be offered Hepatitis B vaccination.</p> <p>Clients should be advised on the nature of Hepatitis B and the benefits of vaccination.</p> <p>The vaccination schedule should be explained to the client and consent obtained and recorded.</p> <p>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</p> <p>Ensure follow up vaccination dates and times are agreed with the client to support completion of the 4 dose programme</p>
<p>Use in pregnancy and lactation</p>	<p>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.</p>
<p>Records</p>	<p>The nurse must ensure the following is documented in the</p>

	<p>clinical record:</p> <ul style="list-style-type: none">• Individual's name, address and date of birth• Attendance date• Reason for attendance• Past and present medical and family history, including drug history of the individual• Any known allergy• Any advice given about the medication including side effects, benefits, how to use it and when and what to do if any concerns• Details of any adverse drug reactions and what action taken• Any referral arrangements• The consent of the individual• If individual is under 16 years of age document competency using Fraser guidelines• A statement that administration is by using a PGD and the PGD number recorded• Record any follow up arrangements• Include the signature and designation of the nurse who supplied the medication (follow local procedures for computer records)
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