South Staffordshire & Shropshire Healthcare NHS Foundation Trust

Patient Group Direction
Administration of Hepatitis A Vaccine
By Registered Nurses and Midwives in Integrated Sexual Health 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 & Chief Operating Officer	Alison Bussey		

The named below, being employees of South Staffordshire & Shropshire Healthcare NHS Foundation Trust, are authorised to administer Hepatitis A vaccines to patients in Integrated Sexual Health, 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.

Professional Responsibility

All registered nurses and non medical prescribers being employees of South Staffordshire & Shropshire HealthCare NHS Foundation Trust are authorised to administer Hepatitis A 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 on an annual basis in order to carry out clinical assessments of service users leading to injection being given 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 supply and administration of medicines

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

7. Following administration a record of the site, date, stage and batch number of the vaccine should be recorded in the service users records, and within the PGDs and once only medication sections of the medicine card (if applicable)

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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)

Supply/Administration of	Hepatitis A Vaccine
Legal Classification	POM
Black Triangle?	No
Type	Inactivated hepatitis A virus
Storage	$+2^{O}$C to $+8^{0}$C. Do not freeze. Protect from light.
Condition to be treated	Immunisation against hepatitis A infection in service users at risk.
Inclusion Criteria	▪ Individuals who are at risk due to their sexual behaviour ▪ Parenteral drug abusers
Exclusion Criteria	▪ Febrile illness. ▪ Previous Hepatitis A infection confirmed by blood test. ▪ Allergy to any component of vaccine. ▪ Pregnancy & lactation ▪ Haemophiliacs ▪ Chronic liver disease
Action if excluded or patient declines	Effect in pregnancy/breast feeding not assessed – utilisation during pregnancy requires that the potential benefit justifies the potential risk to foetus, and independent prescriber decision required.
Reasons for seeking further advice from doctor	• Pregnancy & lactation • Haemophiliacs and service users with chronic liver disease should be checked for previous exposure before immunisation.
Administration Route	Intramuscular injection. The deltoid region is the preferred site.
Dose	Havrix Monodose/ Vaqta 16 years and over - 1.0ml 1 year up to and including 15 years – Havrix Junior Monodose should be used/Vaqta Junior 0.5 ml Avaxim: 16 years and over: 0.5ml Children: not recommended

Administration Schedule	Single dose, followed by a booster dose 6-12 months after the initial dose. In situations where a booster dose of both hepatitis A and hepatitis B are desired, Twinrix or the monovalent vaccines can be given.
Warnings/Adverse Reactions	It is possible that subjects may be in the incubation period of hepatitis A or hepatitis B infection at the time of vaccination. The vaccine may not prevent infection in such cases. Does not provide immediate protection; antibody induction may take 2-4 weeks The most common reactions, occurring in up-to half of the vaccines, are mild transient local soreness, erythema and induration at the injection site. Less commonly: Fever, malaise, fatigue, headache, nausea, diarrhoea, loss of appetite, arthralgia, myalgia, rashes
Advice/Management of Adverse Reactions & Follow-up Action	Side Effects are usually mild. A small, painless nodule may form at the injection site; this usually disappears and is of no consequence. **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. Advice about hygiene Advise patient when next immunisation due and if concerned about a reaction to seek advice from nurse or doctor If an adverse reaction does occur then 1. Inform the patient's GP as soon as possible. 2. Report the reaction to the CSM using the yellow card system 3. Incident report
Use in pregnancy and lactation	Pregnancy & lactation- excluded in PGD, refer to GP (particularly if in a high-risk category)
Records	**The following should be recorded in the patient's notes:** • Name and brand

	• Batch number and expiry date • Dose given • Time given • Route and site of administration • When next dose due • Date • Signature and the administration also recorded in the medicine card/electronic prescribing & medicines administration record, with the PGD Number recorded as authorisation.