

PATIENT GROUP DIRECTION


For Administration of Measles, Mumps and Rubella Vaccine

Issue Date: May 2010

PGD expiry date: May 2012

Please check with the clinical lead, medicines management team or PCT website
www.cambridgeshire.nhs.uk for the most recent version of the PGD before proceeding.

Names and signatures of the multidisciplinary group which drew up this PGD

NAME	DESIGNATION/TITLE	SIGNATURE	DATE
Dr Lincoln Sargeant	PH Consultant	Signed as e-mail	20/5/10
Val Shaw	Pharmacist	 mmr	20/5/10
Jan Gower	Clinical Governance Nurse	Signed as e-mail	20/5/10

Approved by	NHS Cambridgeshire Commissioning Medication Clinical Safety Group	26/5/10
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Signatures for Ratification

NAME	DESIGNATION/TITLE	SIGNATURE	DATE
1.Sue Ashwell	Chief Pharmacist	Signed as e-mail	24/5/10
2.Dr Christine MacLeod	Medical Director	Signed as e-mail	25/5/10

Authorisation of Employer (if not employed by NHS Cambridgeshire)

NAME	DESIGNATION/TITLE	SIGNATURE	DATE

Each registered practitioner authorised to supply and/or administer medication under this PGD must have read, understood and signed this version of the PGD and completed the agreement to practice form before attempting to work according to it

Document Control Sheet

Rationale	A Patient Group Direction (PGD) is a specific, written instruction for the supply or administration of a named medicine in an identified clinical situation to patients who may not be individually identified before presentation for treatment. MMR forms part of the national childhood immunisation schedule.
Documents replaced or superseded by this PGD.	The following Patient Group Directions should no longer be used. Any signed-up copies should be archived: Measles, Mumps and Rubella Vaccine: <ul style="list-style-type: none"> Cambridgeshire PCT Expiry Date: March 2010
Development & Consultation:	Updated by the multidisciplinary team from the previous PGD as listed above.
Dissemination	All General Practice Surgeries via Practice Managers for the attention of Practice Nurses. CCS to Matron for Paediatric and Neonatal Services NHS Cambridgeshire website: www.cambridgeshire.nhs.uk and www.cambridgeshire.nhs.uk
Accessibility	NHS Cambridgeshire website www.cambridgeshire.nhs.uk and www.cambridgeshire.nhs.uk
Implementation	Practice and other Nurses responsible for delivering the national childhood immunisation schedule. Each registered practitioner authorised to supply and/or administer medication under this PGD must have read, understood and signed it and completed the Agreement to Practice form before attempting to work according to it. The current Immunisation Against Infectious Diseases, 'The Green Book', must be checked before each vaccination clinic to ensure the information in this PGD is correct, this is available online at: http://www.dh.gov.uk/greenbook , any discrepancies must be reported to the Practice Clinical Governance Lead Nurse.
Training	See PGD
Audit	See PGD
Review	Clinical lead responsible for ensuring review: Practice Clinical Governance Lead Nurse. Review should be initiated 3 months before the expiry date unless a review is required in response to a change to the medicine(s) covered by this PGD
Equality and Diversity	The Commissioning Medication Clinical Safety Group has carried out a Rapid Equality & Diversity Impact Assessment and concluded the document is compliant with the PCT Equality and Diversity Policy.

Standards for Better Health

(PGDs will continue to be measured against DH Standards for Better Health until the alternative set of standards based on the Care Quality Commission registration requirements has been evaluated)

Domain	How?
Safety	PGD documentation provides consistent approach to patient care This document sets out the information specified in law as that required for a Patient Group Direction.
Clinical & Cost Effectiveness	PGDs are evidence based. They allow the patient to be treated by the most appropriate health professional at the first point of contact.
Governance	PGD ensures standardisation of care. PGDs are a legal requirement for healthcare professionals (who are not independent prescribers) to be able to administer or supply medicines without a prescription. Practitioners working under the PGD must sign up to it and keep the specified records, thus providing an audit trail and accountability.
Patient Focus	Healthcare professionals respond to patients' needs in an appropriate and timely manner. It is specified that all aspects of the patients treatment, including any medicines supplied or administered are discussed with the parent/ guardian Every patient is treated as an individual
Accessible and Responsive Care	Healthcare professionals respond to patients' needs in an appropriate and timely manner. The documentation allows specified healthcare professionals to supply or administer medicines without a prescription.
Care Environment & Amenities	
Public Health	This vaccine is part of the national childhood immunisation strategy. Health promotion is an integral part of the consultation

1. Staff Authorised to administer the medicine under the Patient Group Direction (PGD).	
1.1 Professional qualification	Registered Nurse (current registration with NMC)
1.2 Specialist qualifications, training, experience and competence that must be achieved relevant to the clinical conditions and medicines used.	<p>Training and competence in all aspects of using PGDs and immunisations, including contraindications.</p> <p>In addition all authorised staff must demonstrate an appropriate level of understanding and knowledge with regards to:</p> <ul style="list-style-type: none"> • Assessment of patient • The medication, therapeutic use, side-effects, interactions and storage and handling requirements • Have undertaken basic life support and anaphylaxis training and receive annual updates • Be familiar with the relevant NHSC and employer's medicines policies (see 1.4 below)
1.3 Continuing Professional Development Requirements (CPD)	<ul style="list-style-type: none"> • Be able to demonstrate annual Immunisation Training Updates have been undertaken. • All registered professionals are professionally accountable and must work within their competence. • A record of training and competence must be maintained in the individual's personal file. • The agreement to practice form for this PGD is kept in the individual's personal file and a copy retained by the clinical lead. • The practitioner must be aware of any changes to the recommendations for the medicine(s) listed and changes to national guidance. • It is the responsibility of the individual to maintain and improve their professional knowledge and skills in this area of practice. • Continued updating of relevant knowledge from current web-based version of Immunisation against Infectious Disease (Green Book), this is available online at: http://www.dh.gov.uk/greenbook
1.4 Documents to be read in conjunction with this PGD	<ul style="list-style-type: none"> • NHS Cambridgeshire Patient Group Direction Policy • NHS Cambridgeshire/ Employing Practice's Anaphylaxis Policy • NHS Cambridgeshire/ Employing Practice's Cold Chain Policy • Relevant Practice Policies • Practitioners must check the current Department of Health 2006: Immunisation against Infectious Disease (the "Green Book") latest update before each vaccination clinic to ensure the information in this PGD is correct at: http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH_4097254 • Emergency treatment of anaphylactic reactions – Guidelines for Healthcare Providers – Resuscitation Council (UK) available online at: http://www.resus.org.uk/pages/reaction.pdf with the following algorithm http://www.resus.org.uk/pages/anaalgo.pdf • Current SPC and BNF

2. Clinical condition or situation to which this Patient Group Direction applies	
2.1 Clinical condition/ situation	<ul style="list-style-type: none"> Given as part of the scheduled childhood immunisation programme Protection of sero-negative women of child-bearing age Immunisation of health care workers who might put vulnerable patients at risk of measles, mumps or rubella (particularly pregnant women) Un-immunised travellers to endemic areas Control of outbreaks of measles
2.2 Inclusion criteria	<ul style="list-style-type: none"> All children -first dose starting after the first birthday, ideally at 13 months of age, or if vaccinated early to recommence programme Second (booster) dose due before starting school at 3-5 years of age (but can be given at anytime from 3 months after the first dose) Children at school leaving age or at entry into further education who have not had two doses of MMR vaccine previously Sero-negative women of child-bearing age, particularly post-partum women. Unimmunised health care workers who might put vulnerable patients at risk of measles, mumps or rubella Travellers to endemic areas who are not fully immunised according to the UK schedule. For details for Travellers to high-risk areas (see current edition of BN, or for latest information the following websites: Travax (access using Username : DWELL9374 Password: 908-463) www.travax.scot.nhs.uk or www.nathnac.org for details) Contacts of cases of measles
2.3 Exclusion criteria	<p>NB: Patients may be excluded by cautions or interactions - see Sec 6.1 or refer to Green Book Measles chapter: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_115269.pdf</p> <ul style="list-style-type: none"> Under 12 months of age. NB: Travellers to endemic areas and contacts of cases aged under 12 months should be referred to a doctor for consideration for vaccination Any febrile illness, or other active or suspected infection (see Green Book) Confirmed anaphylactic reaction to a preceding dose of measles, mumps or rubella- containing vaccine Immunosuppression, those receiving radiotherapy or with untreated malignant disease or tuberculosis Not within 3 months of stopping high dose systemic corticosteroids or 6 months of stopping chemotherapy or generalised radiotherapy (at least 12 months after discontinuing immunosuppressants following bone-marrow transplantation) Impaired immune response caused by disease or treatment. Confirmed anaphylactic reaction to gelatin or neomycin Not within 4 weeks of another live vaccine unless given on the same day

	<ul style="list-style-type: none"> • Not within 1 month of preceding MMR vaccine if a completely unimmunised child 10 years of age and over, or an adult • Not within 3 months of preceding MMR vaccine if following the childhood immunisation programme • Not within 3 months of immunoglobulin injection or blood transfusion • Pregnancy should be excluded at the time of immunisation and avoided for at least 1 month after vaccination (depends on product being administered, check SPC) • Consent not received <p>Idiopathic Thrombocytopaenic Purpura (ITP) within 6 weeks of the first dose is not an exclusion, but see Cautions below</p>
2.4 Actions to be taken regarding care of excluded patients	<ul style="list-style-type: none"> • Reschedule or refer to General Practitioner as clinically indicated • Discuss with parent/ guardian and document the reasons for exclusion from treatment under the PGD. • Specialist advice must be sought on the vaccines and circumstances under which they could be given. The risk to the individual of not being immunised must be taken into account.
2.5 Consent	<ul style="list-style-type: none"> • The proposed treatment including the risks, benefits and side effects must be explained to the patient/ parent/ guardian and verbal consent obtained and recorded in the notes.
2.6 Actions for patients who do not wish to receive care under this PGD	<ul style="list-style-type: none"> • Advise about protective effects of the vaccine and the risks of infection and disease complications. • Document advice given. • Document refusal in notes. • Seek medical advice if necessary
2.7 Reasons for referral or for seeking medical advice	<ul style="list-style-type: none"> • History of confirmed anaphylactic reaction to egg-containing food – seek paediatric advice with a view to immunisation under controlled conditions • Exclusions or parent/ guardian preference as above • If there are any concerns or cautions/interactions relating to the medicine to be given, practitioners should seek medical advice or refer/transfer to the appropriate prescriber/ service if necessary

3. Medicine to be administered under this Patient Group Direction	
3.1 Name, strength and form of medicine(s)	<p>Measles, Mumps and Rubella Vaccine (MMR) (e.g. MMRvaxPro®, Priorix®)</p> <p>This is a combined, live vaccine</p>

3.2 Legal Status	POM
3.3 ▼ Black triangle	No- Priorix® Yes- MMRvaxPro®
3.4 PGD covering use outside terms of Summary of Product Characteristics (SPC)?	No
3.5 Route /Method of administration	Intramuscular or deep subcutaneous injection
3.6 Dose	0.5 ml
3.7 Frequency	<p>Childhood Immunisation Schedule: 2 doses of 0.5ml each, at least 3 months apart. First Dose after 1st birthday, ideally at 13 months, and pre-school booster at 3-5 years. (Children who received a dose before their first birthday should be given two further doses as per the schedule)</p> <p>Children aged ten years or over and at-risk Adults: Individuals who received a single dose in childhood should be given a further 0.5ml dose. Completely unimmunised individuals should receive 2 doses of 0.5ml each, one month apart.</p>
3.8 Cautions	<p>Children who suffered Idiopathic Thrombocytopaenic Purpura (ITP) within 6 weeks of the first dose (see “Potential adverse reactions” below) should have serological status evaluated at the time the second dose becomes due.</p> <p>If the results suggest incomplete immunity against measles, mumps or rubella, a second dose of MMR is recommended, (see Green Book for further information).</p>
3.9 Interactions with other medicines See also any interactions listed as exclusions	<p>See current Green Book: http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH_4097254</p> <p>SPC: http://emc.medicines.org/</p> <p>BNF Appendix 1: www.bnf.org for:</p> <ul style="list-style-type: none"> • interactions with other medicines • information about immunosuppressive treatment or immunodeficiency as the immunogenicity of the vaccine may be reduced
3.10 Potential adverse reactions/ side effects	<ul style="list-style-type: none"> • Malaise, fever or a rash may occur following the first dose, most commonly about a week after immunisation and lasting 2-3 days • Anaphylaxis • Idiopathic thrombocytopaenic purpura (ITP) rarely occurs, usually within 6 weeks of the first dose
3.11 Instructions on	<ul style="list-style-type: none"> • Advise parent/ guardian on management of the adverse

identifying and managing Adverse Drug Reactions	<p>effect</p> <ul style="list-style-type: none"> • Report any suspected ADR to a medical practitioner as soon as possible if clinically relevant. • Use the Yellow Card System to report adverse drug reactions directly to the Committee on Safety of Medicines (MHRA). Guidance on the use of the Yellow Card System and Yellow Cards are available in the current BNF
3.12 Advice to parent/ guardian/ client	<ul style="list-style-type: none"> • If given to women, pregnancy should be avoided for at least 1 month (depending on product being administered, check SPC) • Inform of possible side effects and their management. Give advice on body temperature control • Individuals must be given enough information to enable them to make a decision before they consent to treatment under this PGD • Provide the manufacturer's Patient Information Leaflet if possible and national information leaflets. Explain treatment and any further instructions to aid compliance/ concordance <p>Advise parent/ guardian to seek medical advice in case of severe or unexpected adverse effects</p>
3.13 Follow up	<ul style="list-style-type: none"> • Check that each child presenting for this immunisation is fully immunised according to the recommended national childhood immunisation schedule, and that children who are not up-to-date are vaccinated accordingly. • Arrangements should be made to complete any outstanding immunisations.
3.14 Storage and Handling	<p>+2°C to +8°C in a refrigerator Do not freeze Discard if frozen Maintain cold chain as described in the 'Green Book'</p>
3.15 Advice on concurrent medication	<p>Can be administered concurrently with another live vaccine or with a gap of 4 weeks NB – Use separate syringe and needle, and give at a separate site, preferably a different limb</p>

4. Facilities and supplies that must be available	
4.1 Medicine to be stocked	Measles, Mumps and Rubella Vaccine (MMR) (e.g. MMRvaxPro® ; Priorix®)
4.2 Storage	<ul style="list-style-type: none"> • Lockable refrigerator maintained at +2 to +8°C • Maintain cold chain as described in the 'Green Book'
4.3 Reporting incidents	<ul style="list-style-type: none"> • Incidents and near misses must be reported using the NHS Cambridgeshire Incident Reporting form (DATIX) which should be forwarded to the PCT Risk Manager as soon as possible AND/ OR • via employer's critical incident reporting system
4.4 Other requirements	<ul style="list-style-type: none"> • Anaphylaxis policy • Immediate access to adrenaline 1:1000 (1mg/1ml) injection • Current BNF • Current National guidance – 'Immunisation Against Infectious Disease'- The Green Book • Supplies of relevant Patient Information Leaflets • Syringes – latex free • Needles

5. Records to be kept for audit purposes	
5.1 Patient details	<ul style="list-style-type: none"> • Patient identifiers • Allergies • Any reason for exclusion and action taken • Document parent/ guardian consent or refusal • Advice sought from medical/specialist service • Details of any adverse reactions experienced by the patient and action taken • Verbal and written advice given to parent/ guardian • Follow up and referral details
5.2 Records of administration	<ul style="list-style-type: none"> • Name of medicine. • Administration, date, time, route (including site of injection) and dose administered • Full name, signature and registration of practitioner administering dose, or record in patient's notes on clinical system • Batch number • Expiry date
5.3 Audit	<ul style="list-style-type: none"> • Annual audit must be carried out by the clinical lead, renewal of a PGD may require this to be presented as part of the update of the document • Records of patients who have received treatment under the PGD must be accessible for audit purposes • Regulations require that there is a secure system for recording and monitoring medicines use from which it should be possible to reconcile incoming stock and out-goings on a patient-by-patient basis <p>Audit may include evidence of authorised practitioners signatures, appropriate supply, standards of documentation,</p>

	follow up arrangements, advice and information given to parent/guardians, reporting of adverse effects and incidents.
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6. References

- <http://emc.medicines.org.uk/> Summary of Product Characteristics, MMRvaxPro®, Sanofi Pasteur MSD Ltd, last updated June 2008 (accessed 16 May 2010)
- <http://emc.medicines.org.uk/> Summary of Product Characteristics, Priorix®, GlaxoSmithKline UK, last updated September 2004 (accessed 4 Jan 2008)
- Department of Health 2006: Immunisation against Infectious Disease (accessed 16 May 2010) available at http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH_4097254
- Health Protection Agency 2005: National Minimum Standards for Immunisation Training
- Martin J Ed. British National Formulary No. 59 March 2010. BMA and RPSGB Pharmaceutical Press
- HSC 2000/026, 9th August 2000 Patient Group Directions (England)

AGREEMENT BY HEALTH PROFESSIONAL TO ACT UNDER THE PATIENT GROUP DIRECTION

I have read and fully understand the following documents:

The Patient Group Direction: For Administration of Measles, Mumps and Rubella Vaccine

Dated:Expiry date:

BNF and SPC monographs for all drugs included in this PGD

The NHS Cambridgeshire Patient Group Direction Policy
DH Immunisation Against Infectious Diseases – The Green Book

I agree to act within the terms of the Patient Group Direction and administer and/or supply medicines in accordance with the documents listed above.

I understand that my employer e.g. GP practice or NHS Cambridgeshire, is vicariously liable for acts and omissions by me during my employment with them.

I understand that failure to comply with the terms and conditions of the PGD, including the expiry date and limitations on practitioners, patients, drugs and indications may render me liable to disciplinary action by my employer e.g. GP practice or NHSC under their performance and conduct arrangements.

NAME:*(block capitals)* (Health Professional)

SIGNATURE: (Health Professional)

POSITION:

EMPLOYER:

SITE/ PRACTICE:

DATE SIGNED:

The original must be filed in the health professional's personal file and a copy held by their manager or employer for the purposes of ensuring practice occurs only in accordance with the PGD and is only undertaken by approved practitioners.