

PATIENT GROUP DIRECTION

**Administration of Combined Diphtheria, Tetanus, acellular Pertussis,
Inactivated Polio vaccine DTaP/IPV or dTaP/IPV
Pre-School Booster Immunisation
to Children aged 3 years 4 months to under 10 years**
by Registered Nurses to patients registered with General Practitioners within NHS
Cambridgeshire

Issue date: 1st December 2011

Supersedes: PGD for Administration of Combined Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio vaccine DtaP/IPV or dTaP/IPV Pre-School Booster Immunisation to Children aged 3 years 4 months to under 10 years (expired November 2011)

Expiry date: 30th November 2013, or earlier in the light of local or national changes

Developed & produced by:

Name	Designation/Title	Signature	Date
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Penny Miller	Immunisation Coordinator NHSC	Signed on	28.11.2011
June Grainger	Practice Nurse	Signed on	29.11.2011
Roisin Wright	Medicines Management Nurse Specialist NHSC	Signed on	29.11.2011

This patient group direction has been approved on behalf of NHS Cambridgeshire by:

Name	Designation/Title	Signature	Date
Sati Ubhi	Deputy Chief Pharmacist	Signed on	30.11.2011
Dr Christine Macleod	Medical Director	Signed on	29.11.2011

Authorisation of Employer (if not employed by NHS Cambridgeshire):

Name	Designation/Title	Signature	Date

Patient Group Direction for Administration of Combined Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio vaccine DTaP/IPV or dTaP/IPV Pre-School Booster Immunisation to Children aged 3 years 4 months to under 10 years

Action required before proceeding with administration and/or supply of a vaccine /medication under this Patient Group Direction

Each registered practitioner authorised to 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 to it.

By signing this PGD you are indicating that you agree to its contents and that you will work within it.

PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence.

It is the responsibility of each individual practitioner to confirm before each administration that the information within this PGD is 'up-to-date'.

In the event that the information links no longer work, or the PGD has expired, please notify NHS Cambridgeshire's Medicines Management Team. In such circumstances a Patient Specific Direction (PSD) is indicated.

In order for administration and/or supply of the vaccine/medication under this PGD to be valid, practitioners should have electronic access to, or a hard copy of, the most recent information relating to the named vaccine:

- **Childhood Immunisation Schedule** (Department of Health, 2010), available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_122401.pdf
- **Relevant chapter(s) of 'The Green Book' – Immunisation against infectious disease** (Department of Health, 2006), available via http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917
- **Summary of Product Characteristics from the electronic Medicines Compendium (eMC)**, available via <http://www.medicines.org.uk/EMC/default.aspx>
- **British National Formulary**, available online at <http://bnf.org/bnf/bnf/current/> (Athens login required)
- **Patient information leaflets from the electronic Medicines Compendium (eMC)**, available via <http://www.medicines.org.uk/EMC/default.aspx>

Vaccination information for members of the public (NHS Choices, 2011), is available at <http://www.nhs.uk/Planners/vaccinations/Pages/Landing.aspx>

Further immunisation information for health care professionals (Department of Health, 2011), is available at <http://www.dh.gov.uk/en/Publichealth/Immunisation/index.htm>

Further information relating to Healthcare professional reporting adverse reactions (MHRA, 2011), is available at <http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/Reportingsuspectedadversedrugreactions/Healthcareprofessionalreporting/Adversedrugreactions/index.htm>

The original copy, signed by all those concerned, should be kept in a designated safe place within the practice, and readily accessible to all registered nurses for reference.

Patient Group Direction for Administration of Combined Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio vaccine DTaP/IPV or dTaP/IPV Pre-School Booster Immunisation to Children aged 3 years 4 months to under 10 years

1. Characteristics of Staff	
1.1 Professional qualification	This PGD is agreed for use by Registered Nurses undertaking immunisation/vaccination
1.2 Additional requirements	<ul style="list-style-type: none"> • Resuscitation skills & anaphylaxis training • Competent to undertake immunisations <p>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, contraindications, side-effects, interactions and storage and handling requirements • Be familiar with relevant NHSC medicines policies • Have access to local and national guidance as outlined on page 2
1.3 Continued training requirements	<ul style="list-style-type: none"> • Annual attendance at the PCT or workplace update on resuscitation skills and the management of anaphylaxis within the community • Maintenance of own level of updating with evidence of continued professional development (PREP requirements)
2. Clinical condition or situation to which the direction applies	
2.1 Indication	<ul style="list-style-type: none"> • A booster vaccination against diphtheria, tetanus, pertussis and poliomyelitis in children aged from 3 years 4 months to under 10 years of age
2.2 Criteria for inclusion	<ul style="list-style-type: none"> • Any child from 3 years 4 months and up to 10 years of age as: <ul style="list-style-type: none"> - Pre-school booster for children that have already been immunised with a primary course of 3 doses of diphtheria, tetanus, pertussis, poliomyelitis and Hib - The first booster should ideally be given three years after completion of the primary course, normally between three years and four months and five years of age <p>Please note:</p> <ul style="list-style-type: none"> - Repevax ® is licensed for use in children from 3 to 5 years of age - Infanrix IPV ® is licensed for use in children from 16 months to 13 years of age
2.3 Criteria for exclusion	<ul style="list-style-type: none"> • No valid consent • Infants under 3 years 4 months of age <ul style="list-style-type: none"> - Please refer to the appropriate PGD for primary immunisation • Infants under 3 years 4 months of age up to 10 years without a primary immunisation course for diphtheria, tetanus, pertussis, inactivated polio <ul style="list-style-type: none"> - Please refer to the appropriate PGD for primary immunisation • Acute, severe febrile illness • A true anaphylactic reaction to a previous dose of diphtheria, tetanus, pertussis, inactivated polio • A true anaphylactic reaction to any other component of the vaccine <ul style="list-style-type: none"> - Neomycin, polymixin or formaldehyde (Infanrix IPV ®) - Formaldehyde, gluteraldehyde, streptomycin, neomycin and polymixin B (Repevax ®)

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	<ul style="list-style-type: none"> • Individuals over 10 years of age • Evidence of evolving neurological condition/abnormality • Encephalopathy <p>NB Patients may be excluded by cautions or interactions</p> <p><i>Where there is doubt, appropriate advice should be sought from a consultant paediatrician, immunisation coordinator or consultant in communicable disease control, rather than withhold immunisation. Specialist advice must be sought on the vaccines and circumstances in which they could be given</i></p> <p>The risk to the individual of not being immunised must be taken into account</p> <p>For further details please refer to the Green Book and the SPC and/or contact the manufacturer</p>
2.4 Action if excluded	<ul style="list-style-type: none"> • Offer advice on when individuals may have the vaccine • Discuss with the patient/client/guardian and document the reasons for exclusion from treatment under the PGD • Reschedule or refer/transfer to the appropriate prescriber/service as soon as clinically appropriate • Specialist advice must be sought on the vaccine/medication and circumstances under which they could be given • The risk to the individual of not being immunised must be taken into account
2.5 Action if patient declines treatment	<ul style="list-style-type: none"> • Advise about protective effects of the vaccine/medication and the risks of infection and disease complications. • Document refusal and advice given in the patient record • Inform or refer to GP as appropriate • Offer disease avoidance advice if travelling
2.6 Reasons for referral or seeking medical advice	<ul style="list-style-type: none"> • Exclusions or patient/guardian preference • Emergency treatment of anaphylactic reactions: Guidelines for Healthcare Providers (Resuscitation Council (UK), 2008) available online at http://www.resus.org.uk/pages/reaction.pdf with the following algorithm http://www.resus.org.uk/pages/anaalgo.pdf • In the event of an adverse reaction refer for medical advice • 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. Description of Treatment	
3.1 Name, strength & formulation of drug	<p>Repevax ® vaccine (Sanofi Pasteur MSD) – Diphtheria, Tetanus, Pertussis (acellular, component) and Poliomyelitis (inactivated) vaccine (adsorbed, reduced antigen(s) content) – suspension for injection in pre-filled syringe (0.5ml)</p> <p>OR</p> <p>Infanrix IPV ® vaccine (GSK) – Diphtheria, Tetanus, Pertussis (acellular, component) and Poliomyelitis (inactivated) vaccine (adsorbed) – suspension for injection in pre-filled syringe (0.5ml)</p>
3.2 Legal status	POM (Prescription Only Medicine)

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3.3 ▼ Black triangle?	No
3.4 PGD covering use outside terms of Summary of Product Characteristics?	No
3.5 Route/method of administration	<ul style="list-style-type: none"> • Repevax® and Infanrix-IPV® vaccines can be given at the same time as other vaccines such as MMR, Men C and Hepatitis B, but must be administered at a different injection site – preferably in different limbs, or if given in the same limb they should be given at least 2.5cms apart • Needles and syringes should be not used for more than one vaccine • Repevax® and Infanrix-IPV® vaccines should be administered via the intramuscular route except where there is a bleeding disorder when the deep subcutaneous route should be used • Shake the vaccine well immediately before administration
3.6 Dose	0.5ml – single dose
3.7 Frequency of administration	<ul style="list-style-type: none"> • A single dose should be administered for children from 3 years 4 months and under 10 years • Preferably allow an interval of at least 3 years after completing primary immunisation course - DTaP/IPV and dTaP/IPV vaccines are not for primary immunisation - Individuals with an incomplete, or no history of a primary series of diphtheria and tetanus or polio vaccine should not be immunised with DTaP/IPV and dTaP/IPV vaccines • Consult the HPA website for advice where there is an incomplete history of immunisation http://www.hpa.org.uk/infections/topics_az/vaccination/vac_guidelines.htm
3.8 Cautions	<p>If any of the following events have occurred after a previous dose of a pertussis-containing vaccine the decision to give this vaccine should be carefully considered:</p> <ul style="list-style-type: none"> • Temperature of 40°C within 48 hours, not due to other identifiable cause • Hypotonic-hyporesponsive episode (HHE) (please see section 3.10 Potential adverse reactions) • Persistent, inconsolable crying lasting more than 3 hours occurring within 48 hours of vaccination • Convulsions with or without fever occurring within 3 days of vaccination • Severe local reaction, irrespective of event <p>However, the advice in the Green Book is that immunisation with DTaP/IPV containing vaccine should continue following a history of the above mentioned cases. Please refer to the Green Book for further details and if appropriate and/or not sure please seek expert immunisation advice.</p>
3.9 Interactions with other medicines See also any	<ul style="list-style-type: none"> • See the Green Book, SPC and BNF and/or contact the manufacturer

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interactions listed as exclusions	<ul style="list-style-type: none"> • The immunogenicity of the vaccine may be reduced by immunosuppressive treatment or immunodeficiency • The vaccine should not be mixed with other vaccines in the same syringe
3.10 Identification & Management of Adverse Drug Reactions	<ul style="list-style-type: none"> • Very common – Local reactions (pain, erythema and oedema), headache, nausea, arthralgia/joint swelling, myalgia, fever (lower than 38°C) • Common – Anorexia, asthenia, chills, diarrhoea, vomiting, irritability, malaise • Rare – Febrile convulsions • Very rare – inconsolable crying, high fever (higher than 40.5°C) • Anaphylaxis • Hypotonic-hyporesponsive episode (HHE) may occur, usually 1-12 hours after vaccination, and may last from a few minutes
3.11 Reporting procedure of Adverse Drug Reactions	<ul style="list-style-type: none"> • Report any suspected ADR to a medical practitioner as soon as possible • Patients with unusual or persistent side effects should be reviewed by the GP • Any serious adverse reaction to the vaccine/medication should be documented in a child's health records and on their medical records. GP should also be informed. • For established medicines, report all serious suspected reactions in adults, and all serious AND minor reactions in children (under 18 years) via the Yellow Card reporting scheme • For medicines showing the black triangle ▼ symbol ALL suspected ADRs should be reported via the Yellow Card reporting scheme
3.12 Patient advice	<ul style="list-style-type: none"> • Inform possible side effects and their management • Give advice on temperature control • Always provide the manufacturers Patient Information Leaflet and any specific local/national leaflets to patient/parent/guardian as appropriate. • Explain treatment and any further instructions to aid compliance/concordance • Advise the patient/patient/guardian to seek medical advice in case of severe or unexpected adverse events • <i>Refer to the Green Book and SPC for further details</i>
3.13 Follow up treatment	<ul style="list-style-type: none"> • Please refer to PGD for Td/IPV Revaxis® for children over 10 years and adults
3.14 Storage and Handling	<ul style="list-style-type: none"> • Vaccine should be maintained at a temperature of +2°C to +8°C. If the vaccine has been frozen, the vaccine should be discarded • Store in the original package in order to protect from light • Disposal should be by incineration at a suitably authorised facility • Before use, nurses should satisfy themselves that the vaccine has been properly stored and that the cold chain has not been broken

Please note:

Listed above are the interactions with commonly used medicines and the main side effects. If the patient/client is taking a medicine not listed above or reports side effects refer to the current BNF, Patient information Leaflet or electronic Medicines Compendium <http://www.medicines.org.uk/emc/default.aspx> or seek advice from pharmacist or medicines information department.

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4. Facilities and supplies that must be available	
4.1 Medicine to be stocked	<ul style="list-style-type: none"> • Repevax ® vaccine (Sanofi Pasteur MSD) – Diphtheria, Tetanus, Pertussis (acellular, component) and Poliomyelitis (inactivated) vaccine (adsorbed, reduced antigen(s) content) <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Infanrix-IPV ® vaccine (GSK) – Diphtheria, Tetanus, Pertussis (acellular, component) and Poliomyelitis (inactivated) vaccine (adsorbed)
4.2 Storage	<ul style="list-style-type: none"> • Lockable monitored medicines refrigerator maintained between +2°C and +8°C
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 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"> • Working telephone and/or access to emergency assistance • Anaphylaxis policy • Immediate access to Epinephrine (Adrenaline) 1in 1000 injection • Current BNF • Access to National Guidance – eg Green Book • Access to SPC • Supplies of Patient Information Leaflets
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 patient 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 patient • Follow up and referral details
5.2 Records of administration	<ul style="list-style-type: none"> • In all cases manual records and computer records should include : <ul style="list-style-type: none"> ○ Patient's name and date of birth ○ Dose, site and route of injection/medication ○ Brand, batch number and expiry date of vaccine ○ Date given and by whom ○ Consent given and if a child by whom <p>Where vaccination is given to a child, this should also be recorded in the Child Health Record (PCHR red book)</p>
5.3 Audit	<ul style="list-style-type: none"> • Annual audit must be carried out by the clinical lead or nominated deputy within each practice • A computer or manual record of all individuals receiving immunisation under this Patient Group Direction should also be kept for audit purposes within each practice • 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

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- Audit may include evidence of authorised practitioner signatures, appropriate supply, standards of documentation, follow-up arrangements, advice and information given to patients, reporting of adverse effects and incidents

6. References

Department of Health (2006) **The Green Book – Immunisation against infectious disease**, available online at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917 (accessed 16.11.2011).

Department of Health (2010) **Childhood Immunisation Schedule**, available online at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_122401.pdf (accessed 26.11.2011).

Department of Health (2011) **Immunisation information for health care professionals**, available online at <http://www.dh.gov.uk/en/PublicHealth/Immunisation/index.htm> (accessed 26.11.2011).

Electronic Medicines Compendium (2011) **Summary of Product Characteristics for Infanrix IPV**® (GlaxoSmithKline UK), last updated on the eMC website 04.05.2010, available online at <http://www.medicines.org.uk/EMC/medicine/14555/SPC/Infanrix+IPV/> (accessed 16.11.2011).

Electronic Medicines Compendium (2011) **Summary of Product Characteristics for Repevax**® (Sanofi Pasteur MSD Limited), last updated on the eMC website 21.07.2011, available online at <http://www.medicines.org.uk/EMC/medicine/15256/SPC/REPEVAX/> (accessed 16.11.2011).

Health Protection Agency (HPA) (2011) **Vaccination Immunisation**, available online at http://www.hpa.org.uk/infections/topics_az/vaccination/vac_guidelines.htm (accessed 26.11.2011).

Medicines and Healthcare products Regulatory Agency (MHRA) (2011) **Healthcare professional reporting: Adverse drug reactions**, available online at <http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/Reportingsuspectedadversedrugreactions/Healthcareprofessionalreporting/Adversedrugreactions/index.htm> (accessed 26.11.2011).

NHS Choices (2011) **Vaccinations: Your NHS guide to vaccinations for you and your family**, available online at <http://www.nhs.uk/Planners/vaccinations/Pages/Landing.aspx> (accessed 26.11.2011).

Resuscitation Council (UK) (2008) **Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers**, available online at <http://www.resus.org.uk/pages/reaction.pdf> (accessed 26.11.2011).

AGREEMENT BY HEALTH PROFESSIONAL TO ACT UNDER THE PATIENT GROUP DIRECTION

I have read and fully understand the following:

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BNF and SPC monographs (and for Immunisation & Vaccination, the appropriate chapters of the Green Book) for all drugs included in this PGD.

NHS Cambridgeshire Patient Group Direction Policy

- 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.

BY SIGNING THIS PATIENT GROUP DIRECTION YOU ARE INDICATING THAT YOU AGREE TO ITS CONTENTS AND THAT YOU WILL WORK WITHIN IT

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY

IT IS THE RESPONSIBILITY OF EACH PROFESSIONAL TO PRACTICE ONLY WITHIN THE BOUNDS OF THEIR OWN COMPETENCE

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

Signature: (Health Professional)

Position:

GP Lead:

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.

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