A Patient Group Direction is a specific written instruction for the supply or administration of named medicines in an identified clinical situation. It is drawn up locally by Doctors, Pharmacists and other appropriate professionals, approved by the Employer and advised by the relevant professional advisory committees. In most cases, appropriate clinical care is provided on an individual basis by a specific prescriber to a specific individual patient. Patient Group Directions should only be considered where they offer a benefit to patient care without compromising patient safety in any way.

<table>
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<th>Identifier:</th>
<th>Review Date:</th>
<th>Date Approved:</th>
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<tr>
<td>NHSG/PGD/InflCP/MGPG686</td>
<td>September 2015</td>
<td>September 2014</td>
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Live attenuated intranasal vaccine (Fluenz Tetra®) is not covered by this PGD
Title: Patient Group Direction for the administration of seasonal influenza vaccine by nurses and pharmacists working in Community Pharmacies, or by nurses working in Occupational Health Services, in NHS Grampian

Identifier: NHSG/PGD/InflCP/MGPG686

Replaces: NHSG/PGD/InflCP/MGPG598

Across NHS Boards Organisation Wide Directorate Clinical Service Sub Department Area

Yes

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Author: PGD Pharmacist, Pharmacy and Medicines Directorate

Subject: Patient Group Direction

Key word(s): PGD patient group direction nurse pharmacist influenza vaccine community pharmacy occupational health

Policy application: NHS Grampian

Purpose: This Patient Group Direction (PGD) authorises appropriately qualified and trained nurses and pharmacists to administer influenza vaccine to individuals without the requirement for a patient specific prescription written by a medical practitioner.

Responsibilities for implementation:

Organisational: Director of Pharmacy and Medicines Management
Corporate: Senior Managers
Departmental: Pharmacy and Medicines Directorate/ Occupational Health Services
Area: Line Managers
Hospital/Interface services: Operational Management Unit: Unit Operational Managers/Pharmacy Managers

Policy statement: It is the responsibility of individual nurses and pharmacists and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect patient, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

Review: This policy will be reviewed annually or sooner if current treatment recommendations change.
This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

Responsible for review of this document: PGD Pharmacist, Pharmacy and Medicines Directorate

Responsible for ensuring Registration of this document on the NHS Grampian Information/ Document Silo: Pharmacy and Medicines Directorate

Physical location of the original of this document: Pharmacy and Medicines Directorate

Job/group title of those who have control over this document: Pharmacy and Medicines Directorate

Responsible for disseminating document as per distribution list: PGD Pharmacist, Pharmacy and Medicines Directorate

Revision History:

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<tr>
<td>August 2014</td>
<td>Sept 2013</td>
<td>Annual update into new template.</td>
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<td>Sept 2013</td>
<td>Removal of ▼ from Optaflu® and Intanza®.</td>
<td>Throughout</td>
</tr>
<tr>
<td>August 2014</td>
<td>Sept 2013</td>
<td>Removal of Fluenz – separate PGD available.</td>
<td>Throughout</td>
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<tr>
<td>August 2014</td>
<td>Sept 2013</td>
<td>Removal of Viroflu®, Fluvirin®, and Inflexal®V.</td>
<td>2.3</td>
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<tr>
<td>August 2014</td>
<td>Sept 2013</td>
<td>Removal of Intanza®.</td>
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Patient Group Direction for the administration of seasonal influenza vaccine by nurses and pharmacists working in Community Pharmacies, or by nurses working in Occupational Health Services, in NHS Grampian

Part A

1. Introduction

This patient group direction (PGD) will authorise nurses and pharmacists employed in community pharmacies in Grampian, or NHS Grampian Occupational Health Service (OHS) nurses to administer seasonal influenza vaccine.

This PGD should be used in conjunction with the recommendations in the current British National Formulary, The Green Book, individual Summary of Product Characteristics and the Scottish Government Health Directorate.

2. Clinical Decision Making

2.1. Patients who may be considered for the administration of influenza vaccine

Occupational Health provision of influenza vaccine can be offered free on the NHS to adults and adolescents in one of the following groups:

- NHS and NHS contracted services health care staff.
- Local authority and local authority contracted social care staff involved in direct patient care.
- Essential occupational health groups as designated by Occupational Health or Consultant in Public Health Medicine (CPHM).

Private patients not in an NHS eligible group:

- Patients under 65 years of age who are not in one of the current clinical risk categories or new child cohorts are not offered immunisation under the NHS scheme. This PGD however covers the vaccination of these patients by nurses and pharmacists which may be offered on a private fee basis.

- Nurses and pharmacists can vaccinate patients falling outside the NHS eligible patient groups and occupational health vaccination criteria if all other conditions within this PGD are met (e.g. contraindications, documentation).

The following NHS eligible groups should be referred to their GP for immunisation.

- Persons 65 years of age and over on 31st March 2015.
- All pre-school children aged 2 to 5 years old.
- Patients aged over 6 months in one of the current clinical risk categories (excluding primary school children – see below).


The following NHS eligible groups should be advised that they will be immunised as part of the school immunisation programme.

- All primary school children years P1 to P7.

Nurses and pharmacists working in community pharmacies, or nurses working in Occupational Health Services in NHS Grampian, should only immunise NHS eligible patients, as above, if they also fall into one of the occupational health group categories described in part 2.1 above. (NB: Where NHS eligible patients, who are fully informed, choose to waive their right to the free provision of an influenza vaccine at NHS expense, they can be considered for the provision of a private fee paying immunisation).

Any changes to these recommendations and details of the composition of each year’s vaccine are issued by the Scottish Government Health Directorate (SGHD) in annual letters from the Chief Medical Officer for Scotland.

2.2. Patients who may receive the administration of influenza vaccine

All patients in 2.1 above, where they, their parent, guardian or person with parental responsibility does not want specifically to consult with a doctor and are happy for the administration to be given by the nurse or pharmacist.

2.3. Contraindications

Influenza vaccine should under no circumstances be administered intravascularly. Not all vaccines are licensed for all age groups. See current individual Summary of Product Characteristics for specific information.

Eligible patients as described in 2.1 may be administered influenza vaccine under this PGD unless:

(i) They have a confirmed anaphylactic reaction to a previous dose of influenza vaccine.
(ii) They have known anaphylactic hypersensitivity to any of the excipients. Check SPC.
(iii) They have a confirmed anaphylactic hypersensitivity to egg products, as the majority of vaccines are prepared in hens’ eggs. Vaccines with ovalbumin content more than 0.12 microgram/mL or where content is not stated should not be used in egg-allergic individuals. In these cases an ovalbumin - free vaccine should be
administered. The only trivalent vaccine available with no ovalbumin content is Optaflu®.

(iv) They have a history of severe (i.e. anaphylactic) allergy to latex. Check against SPC or with Medicines Information at ARI (tel: 01224 552316). Vaccination should be deferred until it can be ascertained that the vaccine to be used is latex-free. For latex allergies other than anaphylactic allergies (e.g. contact allergy to latex) vaccination may proceed as normal.

(v) They are children under 6 months of age.

In addition to the contraindications listed above, the following inactivated influenza vaccines have specific age restrictions in their use:

Enzira® or CSL generic intramuscular (IM) influenza vaccine - not for use in children aged below nine years.

Fluarix® Tetra ▼ IM vaccine - not for use in children aged below three years.

Optaflu® IM vaccine - not for use in children and adolescents under 18 years of age as is not licensed for use in individuals under 18 years of age.

2.4. Precautions

(i) Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered.

(ii) Inactivated influenza vaccines are preferred for those who are pregnant. However, Fluenz®▼ intranasal vaccine, which contains live attenuated influenza virus, is the vaccine of choice for those under 18. See separate PGD.

(iii) If the patient has had a significant local or general allergic reaction to a previous administration of influenza vaccine a doctor should be consulted.

(iv) As the vaccines may contain non-detectable residual amounts of preservatives (e.g. gentamicin, polymyxin B, neomycin) the SPC should be checked for each brand of vaccine. Exercise caution in patients known to be hypersensitive to the antibiotic/preservative used in the preparation of the vaccine.

(v) As with all vaccines, injections of IM adrenaline 1:1000 should be available should an anaphylactic reaction occur. Refer to Patient Group Direction for the administration of adrenaline (epinephrine) in cases of suspected anaphylactic reactions by qualified health professionals.

(vi) If administered to patients with immunosuppression or HIV infection (regardless of CD4 count), the vaccine may not induce a full antibody response.

2.5. Action to be taken when a patient is excluded from treatment under this PGD

The patient/parent/guardian or person with parental responsibility should be advised to seek medical advice if immunisation is deemed appropriate for the patient.
2.6. Action to be taken when a patient/parent/guardian or person with parental responsibility does not wish the treatment to be received under this PGD

The patient/parent/guardian or person with parental responsibility should be advised of the risks of not receiving the influenza vaccination and advised to consult with their GP if appropriate.

3. Description Of Treatment Available Under This Direction

3.1. Influenza vaccine

N.B. This PGD does not cover the use of the intradermal vaccine Intanza®

Influenza vaccines are prepared using virus strains in line with the WHO recommendations. Most current influenza vaccines are trivalent, containing two subtypes of influenza A and one B virus. Quadrivalent vaccines with an additional B virus have been developed and the first authorised quadrivalent influenza vaccine became available for use in the UK in 2013.

The vaccine is available from a variety of manufacturers for intramuscular (IM), deep subcutaneous (SC), and is presented as a 0.5mL pre-filled disposable syringe. See SGHD letter, June 2014 for list of current manufacturers and products available: [http://www.sehd.scot.nhs.uk/cmo/CMO(2014)12.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2014)12.pdf)

Optaflu® is an egg free, trivalent seasonal flu vaccine. The vaccine is a surface antigen inactivated vaccine prepared in cell cultures rather than in hens’ eggs and therefore is not contraindicated in individuals with a confirmed egg allergy. The vaccine is licensed for those aged 18 years and over. The use of this vaccine should be prioritised for those individuals with serious and confirmed egg allergies.

Advice from the Green Book Influenza chapter on managing patients with egg allergies should be followed.

The SPC should be checked carefully for each brand of vaccine.

The vaccines must be stored in the refrigerator between +2°C and +8°C. Protect from light and do not freeze.

Allow vaccine to reach room temperature and shake well before administration. Inspect visually for foreign particulate matter/variation in physical aspect and if either are observed, discard the vaccine into a blue lidded bin labelled - medicinal waste products for yellow stream waste disposal. In the majority of cases the dose is to be administered by intramuscular (IM) injection or deep sub-cutaneous (SC) injection in individuals with a bleeding disorder to reduce the risk of bleeding (Green Book recommendation).

Influenza vaccine is a Prescription-only Medicine (PoM).
3.2. Dose, route and frequency

Dose: Single injection of 0.5mL*.

Children aged six months to under nine years who have not received influenza vaccine before should receive a second dose of vaccine at least four weeks later.

*Some seasonal flu vaccine SPCs indicate that young children can be given either a 0.25mL or 0.5mL dose. The Joint Committee on Vaccination and Immunisation has advised that unless a specific dose is indicated on the SPC, a 0.5mL dose should be given to infants aged six months or older and young children because there is evidence that this dose is effective in young children.


The deltoid muscle is the recommended site for adults and older children. For infants and young children the preferred site is the anterolateral aspect of the thigh.

The intramuscular trivalent seasonal influenza vaccines are interchangeable; the second dose, where recommended, should be given at least four weeks after the first dose in accordance with the manufacturer’s SPC for that vaccine.

3.3. Concurrent medication

For injectable vaccines, there are generally no special considerations for individuals known to be taking other medicines. Injectable influenza vaccine may be given at the same time as other vaccines but into another limb. If given into the same limb, they should be at least 2.5cm apart.

The immunological response may be diminished if the patient is undergoing immunosuppressant therapy.

Seasonal influenza vaccine should not be mixed with other injection fluids.

3.4. Adverse effects

Pain, swelling or redness at the injection site, low grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are among the commonly reported symptoms after vaccination. A small painless nodule (induration) may also form at the injection site. These symptoms usually disappear within one to two days without treatment.

Immediate reactions such as urticaria, angio-oedema, bronchospasm and anaphylaxis are most likely to be due to hypersensitivity to residual egg protein.

The following events have been reported very rarely; neuralgia, paraesthesiae, convulsions, and transient thrombocytopenia, vasculitis with transient renal involvement and neurological disorders such as encephalomyelitis.
A study in the UK found that there is no association between Guillain-Barré syndrome (GBS) and seasonal flu vaccines although there is a strong association between GBS and influenza-like illness.

Influenza vaccine for injection contains inactivated virus. None of the vaccines can cause influenza.

Pyrexial reactions occur more frequently in young children. Fainting is relatively common after immunisation of adults and adolescents. Very young children rarely faint and sudden loss of consciousness at this age should be presumed to be an anaphylactic reaction in the absence of a strong central (carotid) pulse which persists during a faint or convulsion.

For full details refer to the SPC for the specific vaccine.

**Medical advice in cases of anaphylaxis**

Injections of IM adrenaline/epinephrine 1:1000 must be available to treat an anaphylactic reaction should this occur. (Refer to Patient Group Direction for the administration of adrenaline (epinephrine) in cases of suspected anaphylactic reactions by qualified health professionals).

Paramedic or medical support must be sought as soon as possible if any patient develops any signs of anaphylaxis, e.g. rapid development of:

(i) A red, itchy rash extending from the trunk to neck and limbs
(ii) Feeling hot, weak or giddy
(iii) Swelling of facial or oral tissues
(iv) Inspiratory stridor
(v) Expiratory wheeze
(vi) Angioneurotic oedema
(vii) Hypotension and tachycardia
(viii) Cardiovascular collapse.

An emergency ambulance must be called on 999 or direct via ambulance control or dial 2222 (hospital internal) according to local procedure or seek urgent medical advice. Fluarix® Tetra is a black triangle (▼) medicine therefore all suspected adverse reactions must be reported to the Commission on Human Medicines (CHM) using the Yellow Card spontaneous reporting scheme or on the website at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk).

Adverse reactions should be reported even if it is not certain that the vaccine has caused it, if it is well recognised, or if other drugs were given at the same time.

**Overdose**

Overdosage is unlikely as the vaccine is presented as a pre-filled single dose unit but accidental overdosage is expected to have no untoward effects.
3.5. Advice to patient

(i) Advice should be given on what to expect and what to do for major and minor reactions.

(ii) Patients/parents/guardians or person with parental responsibility should be advised that vaccination with influenza vaccine only confers protection against those strains of virus included in the current year’s vaccine. To provide continuing protection, annual immunisation is necessary with vaccine containing the most recent strains. Many other organisms cause respiratory infections similar to influenza during the influenza season which influenza vaccine will not prevent. Influenza vaccine contains inactivated virus and cannot cause influenza.

(iii) The patient information leaflet contained in the medicine(s) should be made accessible to the patient/parent/guardian or person with parental responsibility. Where this is unavailable, or unsuitable, sufficient information should be given to the patient/parent/guardian or person with parental responsibility in a language that they can understand.

3.6. Follow up treatment

Vaccine recipients should remain under observation until they have been seen to recover from the procedure. It is not possible to specify an exact length of time, but patients should remain on the premises for at least 10 -15 minutes.

Patients should not leave if they are feeling at all unwell without speaking to the nurse or pharmacist first. If necessary a doctor or the patient’s GP should be contacted for advice.

Advice should be given to use paracetamol or ibuprofen symptomatically for relief of mild pyrexia and aches.

If more serious adverse or persistent effects occur, the patient should be advised to contact their GP/Accident and Emergency department/NHS 24. Serious effects may include neuralgia, paraesthesia, convulsions, shock, rash, paleness, breathing difficulties and collapse.

Where proof of vaccination is required, a certificate, stamped vaccination booklet or equivalent must be supplied.
4. **Designated Staff Authorised To Administer Under This PGD**

The following staff are authorised to administer the drug specified in this PGD without an individual medical prescription providing the patient falls into one of the categories listed in 2.2 of this PGD. Staff must be employed either directly by NHS Grampian, or contracted to provide NHS services, or providing services in partnership with NHS Grampian under the direction of this authorised PGD.

(i) Registered Nurse as recognised by the NMC.
(ii) Nurses as recognised by the NMC working in NHS Grampian Occupational Health Service.
(iii) Pharmacists registered as Practising Pharmacists as recognised by the General Pharmaceutical Council (GPhC).

In addition the following requirements are necessary. Staff must:

(i) agree to be professionally accountable for their work ([Appendix 1](#)).

(ii) be competent to assess the patient’s capacity to understand the nature and purpose of the administration in order for the patient to give or refuse consent.

(iii) be aware of current treatment recommendations and be competent to discuss issues about the drug with the patient.

(iv) have been trained and assessed as being competent in the administration of the drug. All staff will have access to the current PGD.

(v) have undertaken an NHS e-anaphylaxis training session which covers all aspects of the identification and management of anaphylaxis. This can be accessed via eKSF or the AT Learning® tool.

(vi) be competent in basic life support which is required to be updated annually.

(vii) have immediate access to the appropriate equipment and drugs to treat anaphylaxis and have access to the current PGD for the management and treatment of anaphylaxis should this occur.

(viii) maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct.

(ix) agree to work within the terms of the NHS Grampian PGD.

Professional Managers/Nurse managers/Lead nurses will be responsible for:

(i) Ensuring that the current PGD is available to staff providing care under this direction.

(ii) Ensuring that the staff have access to all relevant Scottish Government Health Directorate advice, including any relevant CMO letter(s).
(iii) Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above.

(iv) Maintaining a current record of all staff authorised to administer the drug specified in this PGD.

5. Documentation

5.1. Authorisation of administration

A decision must be made at local level to determine which nurses or pharmacists are allowed to administer the drug specified in this PGD to patients. Nurses and pharmacists will be required to sign the agreement at (Appendix 2).

Nurses and pharmacists working within NHS Grampian community pharmacies can be authorised to administer the drug specified in this PGD by The Director of Pharmacy and Medicines Management.

Nurses working in Occupational Health can be authorised to administer the drug specified in this PGD by the Consultant in Occupational Health Medicine, NHS Grampian.

A certificate of authorisation (Appendix 3) signed by the authorising doctor/manager should be supplied. This should be held in the individual staff records or as agreed locally.

5.2. Record of administration

An electronic or paper record for recording the screening of patients and the subsequent administration of the drug specified in this PGD must be completed in order to allow audit of practice. This should include:

(i) Name and address of patient/parent/guardian or person with parental responsibility, patient CHI No
(ii) Date of birth
(iii) Consultant/General Practitioner details
(iv) Risk group, if appropriate
(v) Physical examination required, if appropriate
(vi) Exclusion criteria, record why drug not administered
(vii) Reason for giving
(viii) Consent to the administration (if not obtained elsewhere)
(ix) Drug manufacturer, batch number, expiry date
(x) Site where drug administered, dose and route of administration
(xi) Signature and name in capital letters of practitioner who administered the drug
(xii) Date drug given
(xiii) Record of adverse effects (advise patient’s doctor).

These records should be retained:

For children and young people, retain until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment.
For 17 years and over retain for 6 years after last date of entry.

Or for 3 years after death, or in accordance with local policy, where this is greater than above.

5.3. Consent

Prior to the administration of the drug, consent must be obtained, preferably written, either from the patient, parent, guardian or person with parental responsibility and documented either in the patient’s medical records/notes or on an administration form (see section 5.2). Consent must be in line with current NHSG “Staff Policy for Obtaining Consent for Clinical Procedures and Healthcare Interventions”. See link below.

http://intranet.grampian.scot.nhs.uk/ccc_nhsg/15692.html?pMenuID=460&

6. Further Points

Not all vaccines are licensed for all age groups. See current individual Summary of Product Characteristics.

The currently available influenza vaccines give 60% to 70% protection against infection with influenza virus strains well matched with those in the vaccine. Protection afforded by the vaccine lasts for about one year. In the elderly, protection against infection may be less, but immunisation has been shown to reduce the incidence of bronchopneumonia, hospital admissions and mortality.

Antibody levels may take 10-14 days to reach protective amounts. Influenza activity is not usually significant before the middle of November. However, the influenza season can start early. Therefore, the ideal time to immunise is between September and early November.

The manufacturer’s leaflet inside boxes of drug should be read and advice from it taken into consideration.

The recommendations for storage and handling of vaccines must be followed. If the skin is to be cleaned with an alcoholic disinfecting agent, it must be allowed to evaporate before injection of vaccine. Do not physically dry the site or remove the agent by the use of cotton wool, etc.

Detailed information on all aspects of immunisation is available in ‘Immunisation against Infectious Disease’ DHSS HMSO 2006.


7. Facilities And Supplies To Be Available At Sites For The Administration Of The Drug Specified In The PGD

The following should be available at sites where the drug is to be administered:

(i) Pharmaceutical refrigerator (or validated cool box for storing vaccine if mobile unit).
(ii) Resuscitation equipment.
(iii) Access to medical support (this may be via telephone).
(iv) Safe storage areas for medicines and equipment.
(v) Approved equipment for the disposal of used materials.
(vi) Clean and tidy work areas.
(vii) Copies of the current PGD for the drug specified in the PGD
(viii) PGD for the administration of adrenaline (epinephrine) in cases of suspected anaphylactic reactions by qualified health professionals.

8. Audit

All records of administration of the drug specified in this PGD will be filed with the normal records of medicines administration in each practice/service. A designated person within each CHP/practice/service will be responsible for auditing completion of drug forms and collation of data.
9. Management And Monitoring Of Patient Group Direction

9.1. Consultative group

Fiona Browning  Health Protection Nurse Specialist
George Ellis  General Practitioner, Skene Medical Group
Linda Harper  Associate Director of Practice Nursing
Caroline Hind  Deputy Director of Pharmacy and Medicines Management
Morag Hives  Lead Occupational Health Adviser
Charles Michie  Community pharmacist
Pamela Molyneaux  Consultant Virologist, A.R.I.
Linda Press  Acting Service Manager Practice Nursing
Wendy Robertson  Principal Pharmacist Pharmaceutical Services
Hilary Young  Service Manager, Lead for Aberdeen City Health Visitors

9.2. Professional advisory group approving PGD

Medicine Guidelines and Policies Group

9.3. Authorising managers

Dr Roelf Dijkhuizen
Medical Director, NHS Grampian

Mr David Pfleger
Director of Pharmacy and Medicines Management, NHS Grampian

Ms Elinor Smith
Nursing Director, NHS Grampian

10. References


Document: Drafted: August 2013
Completed: August 2013
Approved: August 2013, August 2014 (published – September 2016)

Review date: One year or sooner if current treatment recommendations change.
### Seasonal Influenza Vaccination Programme Clinical Risk Groups


<table>
<thead>
<tr>
<th>Eligible groups</th>
<th>Further detail</th>
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<tbody>
<tr>
<td>Pre-school children aged 2-5 years; and all primary school children in P1-7</td>
<td>A separate CMO letter has further details (see SGHD/CMO(2014)13).</td>
</tr>
<tr>
<td>All patients aged 65 years and over</td>
<td>“Sixty-five and over” is defined as those aged 65 years and over on 31 March 2015 (i.e. born on or before 31 March 1950).</td>
</tr>
<tr>
<td>Chronic respiratory disease aged six months or older</td>
<td>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease.</td>
</tr>
<tr>
<td>Chronic heart disease aged six months or older</td>
<td>Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.</td>
</tr>
<tr>
<td>Chronic kidney disease aged six months or older</td>
<td>Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephritic syndrome, kidney transplantation.</td>
</tr>
<tr>
<td>Chronic liver disease aged six months or older</td>
<td>Cirrhosis, biliary artesia, chronic hepatitis, chronic hepatitis from any cause such as Hepatitis B and C infections and other non-infective causes.</td>
</tr>
<tr>
<td>Chronic neurological disease aged six months or older</td>
<td>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised, due to neurological disease (e.g. polio syndrome sufferers). Clinicians should consider on an individual basis the clinical needs of patients including individuals with cerebral palsy, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological or severe learning disability.</td>
</tr>
<tr>
<td>Diabetes aged six months or older</td>
<td>Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.</td>
</tr>
<tr>
<td>Immunosuppression aged six months or older</td>
<td>Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant. HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system, e.g. IRAK-4, NEMO, complement deficiency. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient’s clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine. Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below).</td>
</tr>
<tr>
<td>Asplenia or dysfunction of the spleen</td>
<td>This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>Pregnant women at any stage of pregnancy (first, second or third trimesters).</td>
</tr>
<tr>
<td>People in long-stay residential care or homes</td>
<td>Vaccination is recommended for people in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow the introduction of infection, and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence, etc.</td>
</tr>
<tr>
<td>Unpaid Carers and young carers</td>
<td>Someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult.</td>
</tr>
<tr>
<td>Health and social care staff</td>
<td>Health and social care workers who are in direct contact with patients/service users should be vaccinated by their employers as part of an occupational health programme.</td>
</tr>
</tbody>
</table>
Appendix 2

Health Care Professional Agreement To Administer Medicines Under Patient Group Direction

I:  __________________________________________ (Insert name)

Working within: __________________________________________ e.g. CHP, Practice

Agree to administer medicines under the direction contained within the following Patient Group Direction

Patient Group Direction for the administration of seasonal influenza vaccine by nurses and pharmacists working in Community Pharmacies, or by nurses working in Occupational Health Services, in NHS Grampian

I have completed the appropriate training to my professional standards enabling me to administer medicines under the above Patient Group Direction. I agree not to act beyond my professional competence nor outwith the recommendations of the Patient Group Direction.

Signed:  __________________________________________

Print Name:  __________________________________________

Date:  __________________________________________

Professional Registration No:  __________________________________________
Appendix 3

Certificate Of Authorisation To Administer Medicines Under Patient Group Direction

This authorises: ________________________________

Working within: ________________________________  e.g. CHP, Practice

To administer medicines under the following Patient Group Direction

Patient Group Direction for the administration of seasonal influenza vaccine by nurses and pharmacists working in Community Pharmacies, or by nurses working in Occupational Health Services, in NHS Grampian

The above named person has satisfied the training requirements and is authorised to administer medicines under the above Patient Group Direction. The above named person has agreed not to act beyond their professional competence nor outwith the recommendations of the Patient Group Direction

Signed: ________________________________  Authorising Manager/Doctor

Print Name: ________________________________

Date: ________________________________