

NOS PGD Group

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Date: 23rd February 2023
Our Ref: JA/PGD/NoS_220223
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Dear Colleagues

This letter gives information with regards to the below North of Scotland (NoS) Patient Group Directions (PGDs).

PGDs with inclusion of vaccination post haemopoietic stem cell transplant link:

- Diphtheria, tetanus, Pertussis and Poliomyelitis Vaccine (dTap/IPV)
- Meningococcal ACWY Conjugate Vaccine
- Pneumococcal Conjugate Vaccine (PCV13)
- Meningococcal Group B Conjugate Vaccine (Bexsero)
- Measles, Mumps and Rubella (MMR) Vaccine
- Pneumococcal Polysaccharide Vaccine (PPV23)

It has been brought to our attention that the external link providing guidance on vaccinating the patient group who have received a haemopoietic stem cell transplant has been removed from the Scottish Haematology Society website (<http://scothaem.org/vaccination-policy-post-hsc-transplantation.asp>).

This link is in the 6 NOS PGDs listed above, and therefore the content and information regarding vaccination of this group of patients cannot currently be accessed.

Public health Scotland (PHS), who provided the template PGD and refer to this link, and the Scottish Bone Marrow Team are aware of this issue.

It is hoped access to this information will be reinstated, or an updated version will be uploaded to the Scottish Haematology Society internet page once this has been agreed. At present we are unclear of timelines for this to be actioned.

At present this patient group would **not** be able to be covered by this PGD, due to the lack of access of information and individual patient specific directions will be required in the interim.

If you have any queries regarding this please do not hesitate to contact the NoS email at gram.nospgd@nhs.scot



Yours sincerely



Lesley Coyle
Chair of North of Scotland PGD Group

**Patient Group Direction For The Administration Of Meningococcal
 ACWY Conjugate Vaccine By Approved Healthcare Professionals
 Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside
 And Western Isles**

Lead Author: Adapted from PHS National PGD by the Medicines Management Specialist Nurse NHSG	Consultation Group: See relevant page in the PGD	Approver: NoS PGD Group Authorisation: NHS Grampian
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Signature: 		Signature: 
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NoS Identifier: NoS/PGD/MenACWY/ MGPG1108	Review Date: May 2024 Expiry Date: May 2024	Date Approved: January 2024
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NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 2.4 (Amended January 2024)

Revision History:

Reference and approval date of PGD that has been adapted and/or superseded	PGD adapted from PHS national template and supersedes NoS/PGD/MenACWYC/MGPG1108 Version 2.3	
Date of change	Summary of Changes	Section heading
August 2020	Update of PGD following the release of version 5 Public Health Scotland national MenACWY Conjugate PGD template.	
August 2020	NHS Highland, Tayside and Western Isles added to NoS PGD.	
August 2020	Change of age for the inclusion of previously unimmunised individuals who are not in school from 13 years to 10 years in line with Green Book Chapter 22.	Inclusion criteria
September 2020	Specific inclusion for NHS Highland added.	Inclusion criteria
March 2022	Wording changed to include all healthcare professionals approved in current legislation that can operate under a PGD.	Professional qualifications and Authorisation of administration
July 2022	PGD adapted from PHS amended national template and transferred onto updated NoS PGD template.	
July 2022	Inclusion criteria expanded to include other patient groups out with the Scottish childhood immunisation programme	Inclusion criteria
July 2022	Frequency section updated to include dosing information for the other patient groups out with the Scottish childhood immunisation programme	Frequency of dose/Duration of treatment
July 2022	Added further information on individuals with asplenia, splenic dysfunction or complement disorders and individuals receiving complement inhibitor therapy	Additional Information
July 2022	This PGD has undergone minor rewording, layout, formatting changes for clarity and consistency with other PHS national specimen and NoS PGDs.	Throughout
September 2022	NHST specific inclusion for children requiring booster following chemotherapy added.	Inclusion criteria and Frequency of dose/Duration of treatment

Date of change	Summary of Changes	Section heading
December 2022	Additional information section updated with minor amendments for those individuals diagnosed with coeliac disease early in life and well managed and for individuals receiving complement inhibitor therapy.	Additional Information Section
January 2024	Amended review date to keep in line with PHS review in May 2024	

NoS Identifier:

NoS/PGD/MenACWYc/MGPG1108, Version 2.4

Keyword(s):

PGD Patient Group Direction MenACWY Menveo® Nimenrix® meningococcal

Policy Statement: It is the responsibility of the individual healthcare professional 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 individual, 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.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document:

Drafted: August 2020

Completed: October 2020



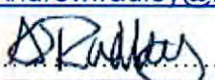
Approved: January 2021 (published – February 2021)

Amended and re-authorised: March 2022, July 2022, Sept 2022, January 2024


Organisational Authorisations

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD Developed/Reviewed by;

<p>Medical practitioner</p>	<p>Name: Dr Jenny Wares Health Board: NHHH Title: Consultant in Public Health Medicine Contact email: jenny.wares@nhs.scot Signature:  Date Signed: 31/01/2023</p>
<p>Senior representative of the professional group who will provide care under the direction.</p>	<p>Name: Fiona Browning Health Board: NHSG Title: Health Protection Nurse Specialist Contact email: Fiona.browning@nhs.scot Signature:  Date Signed: 22/12/2022</p>
<p>Lead author</p>	<p>Name: Frances Adamson Health Board: NHSG Title : Medicines Management Specialist Nurse Contact email: frances.adamson@nhs.scot Signature:  Date Signed: 06/12/2022</p>
<p>Pharmacist</p>	<p>Name: Andrew Radley Health Board: NHST Title : Consultant in Public Health Pharmacy Contact email: Andrew.radley@nhs.scot Signature:  Date Signed: 06/01/2023</p>

Approved for use within NoS Boards by;

North of Scotland (NoS) PGD Group Chair	Signature	Date Signed
Lesley Coyle		03/01/2024

Authorised and executively signed for use within NoS Boards by;

NHS Grampian Chief Executive	Signature	Date Signed
Adam Coldwells, Deputy Chief Executive		08/01/2024

Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and a representative of the professional group who will provide care under the direction.

Name:	Title:
Frances Adamson	Lead Author: Medicines Management Specialist Nurse NHSG
Andrew Radley	Pharmacist: Consultant in Public Health Pharmacy NHST
Dr Jenny Wares	Medical Practitioner: Consultant in Public Health Medicine NHSH
Fiona Browning	Senior Representative: Health Protection Nurse Specialist NHSG
Lynda Davidson	Health Protection Nurse Specialist NHSH
Liam Callaghan	Chief Pharmacist NHSWI
Russell Mackay	Clinical Specialist Pharmacist NHSO
Mary McFarlane	Principal Pharmacist NHSS

Patient Group Direction For The Administration Of Meningococcal ACWY Conjugate Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles

Clinical indication to which this PGD applies

<p>Definition of situation/Condition</p>	<p>This Patient Group Direction (PGD) will authorise approved healthcare professionals to administer meningococcal ACWY conjugate vaccine (MenACWYc) to adolescents in line with the Scottish Government Health Directorate MenACWYc immunisation programme and to individuals as indicated in the below inclusion criteria.</p> <p>This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), The Green Book and the individual Summary of Product Characteristics (SmPC).</p>
<p>Inclusion criteria</p>	<ul style="list-style-type: none"> • Adolescents aged 13 years to 18 years in line with the Scottish childhood immunisation programme. • Individuals with uncertain or incomplete immunisation status in accordance with the vaccination of individuals with uncertain or incomplete immunisation status flow chart. • Individuals requiring vaccination for the prevention of secondary cases of Meningitis ACWY, following specific advice from NHS Board Health Protection Team • Individuals who are at increased risk of invasive meningococcal infection due to underlying medical conditions or medicinal treatment as described in the Green Book Chapter 7 and 22. • Revaccination of individuals who have received a haemopoietic stem cell transplant. <p>The following inclusion is relevant to NHS Tayside only and does not apply in any other NoS Board:</p> <p>Children requiring booster doses 6 months after completing chemotherapy as per NHST local guidance.</p> <p>Prior to the administration of the vaccine, valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with current individual NHS Boards consent policy.</p>

<p>Exclusion criteria</p>	<p>Individuals who:</p> <ul style="list-style-type: none"> • Are aged under 6 weeks of age. • Have a confirmed anaphylactic reaction to a previous dose of meningococcal ACWY conjugate vaccine. • Have a confirmed anaphylactic reaction to any constituent or excipient of the vaccine including meningococcal polysaccharide, diphtheria toxoid or the CRM197 carrier protein or tetanus toxoid. Practitioners must check the marketing authorisation holder’s summary of product characteristics (SmPC) for details of vaccine components. • Have a history of severe reaction (i.e. anaphylactic reaction) to latex where vaccine is not latex free. As circumstances change you should check each time latex sensitive individual presents. • Require vaccination for the purpose of travel (see separate travel PGD). • Are suffering from acute severe febrile illness (the presence of a minor illness without fever or systemic upset is not a contraindication for immunisation). <p>Individuals for whom no valid consent has been received.</p>
<p>Precautions and special warnings</p>	<p>Minor illness without fever or systemic upset is not a valid reason to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered.</p> <p>The Green Book advises that there are very few individuals who cannot receive Meningococcal ACWY vaccine. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team.</p> <p>The presence of a neurological condition is not a contraindication to immunisation but if there is evidence of current neurological deterioration, deferral of vaccination may be considered, to avoid incorrect attribution of any change in the underlying condition. The risk of such deferral should be balanced against the risk of the preventable infection, and vaccination should be promptly given once the diagnosis and/or the expected course of the condition becomes clear.</p>
<p>Action if excluded from treatment</p>	<p>Medical advice must be sought – refer to relevant medical practitioner for advice on the vaccine and circumstances under which it could be given using a patient specific direction.</p>

	<p>The risk to the individual of not being immunised must be taken into account. Discussion of the risk and benefits of vaccination should take place. Discussions and decisions taken should be documented in clinical records.</p> <p>In case of postponement due to acute severe febrile illness, advise when the individual can be vaccinated at a later date and ensure another appointment is arranged.</p> <p>Document the reason for exclusion under the PGD and any action taken in the individual's appropriate clinical records.</p>
<p>Action if treatment is declined</p>	<p>Advise about the protective effects of the vaccine and the risk of infection and disease complications. Ensure they have additional reading material, e.g. the Patient Information Leaflet (PIL) available to print here. Document advice given and decision reached. Advise how future immunisation may be accessed if they subsequently decide to receive the vaccine.</p> <p>Inform/refer to the relevant medical practitioner if individual/parent/carer declines treatment.</p> <p>Document that the administration of the vaccine was declined, the reason and advice given in appropriate clinical records.</p>

Description of vaccine available under the PGD

<p>Name form and strength of vaccine</p>	<p>Meningococcal ACWY conjugate vaccine supplied as;</p> <p>Menveo[®] supplied as a powder in a vial and a 0.5mL solution.</p> <p>Or</p> <p>Nimenrix[®] supplied as a powder in a vial and 0.5mL solvent in a pre-filled syringe.</p>
<p>Legal status</p>	<p>Meningococcal ACWY vaccine is a Prescription-only Medicine (POM).</p>
<p>Is the use out with the SmPC?</p>	<p>The administration of this vaccine by subcutaneous injection to individuals with a bleeding disorder is outside the terms of the marketing authorisation and constitutes an off-label use of the vaccine. However, the use of the vaccine in this way is in-line with recommendations in the Green Book Chapter 4.</p>

	<p>Menveo® is off-label for children under 2 years of age and Nimenrix® is licensed from 6 weeks of age, for a schedule with a minimum 2 month interval between doses, but either vaccine is recommended in accordance with advice in Chapter 7 and Chapter 22 of The Green Book.</p> <p>The individual/parent/carer should be informed prior to the administration that the use is off-label, however the vaccine is being offered in accordance with national guidance.</p> <p>Vaccine should be stored according to the conditions detailed below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to NHS board guidance on storage and handling of vaccines guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use, administration under this PGD is allowed.</p>
<p>Dosage/Maximum total dose</p>	<p>0.5mL</p>
<p>Frequency of dose/Duration of treatment</p>	<p>Adolescents aged 13 years to 18 years in line with the Scottish childhood immunisation programme: Single dose</p> <p>Prevention of secondary cases of Meningococcal ACWY disease:</p> <p>Vaccination for the prevention of secondary cases of Meningococcal ACWY disease should be in accordance with recommendations from the local Public Health Protection Team and informed by the Public Health England Guidance for Public Health Management of Meningococcal Disease in the UK.</p> <p>Meningococcal vaccination schedule for children and adults at risk of invasive meningococcal disease:</p> <p>In accordance with the schedule for immunising individuals at increased risk of meningococcal disease summarised in Chapter 7 The Green Book depending on the age at which their at-risk condition is diagnosed.</p> <p>Revaccination of individuals who have received a haemopoietic stem cell transplant:</p> <p>In accordance with the schedule recommended by the Scottish Haematology Society vaccination policy (Post HSC Transplantation):</p>

	<p>NHS Tayside ONLY:</p> <p>Revaccination of children aged up to 16 years who have received chemotherapy within the last 6 months</p> <p>In accordance with the schedule recommended in the Vaccinations For Paediatric Patients Treated With Standard-Dose Chemotherapy And Haemopoietic Stem Cell Transplantation (HSCT) Recipients.</p>
<p>Maximum or minimum treatment period</p>	<p>See Frequency of dose/Duration of treatment section.</p>
<p>Route/Method of administration</p>	<p>Intramuscular injection.</p> <p>Preferred site is deltoid area of upper arm or anterolateral aspect of the thigh.</p> <p>Individuals with known bleeding disorders should receive the vaccine by deep subcutaneous route to reduce the risk of bleeding.</p> <p>The MenACWY vaccines must be reconstituted in accordance with the manufacturers' instructions prior to administration.</p> <p>The vaccine should be visually inspected for particulate matter and discoloration prior to administration. In the event of any foreign particulate matter and/or variation of physical aspect being observed, do not administer the vaccine.</p> <p>It is recommended that the vaccine be administered immediately after reconstitution, to minimize loss of potency. Discard reconstituted vaccine if it is not used within 8 hours.</p> <p>When administering at the same time as other vaccines care should be taken to ensure that the appropriate route of injection is used for each of the vaccinations. The vaccines should be given when possible in different limbs to allow monitoring of local reactions to MenACWY vaccine. If given in the same limb they should be given at different sites at least 2.5cm apart (American Academy of Paediatrics 2003). The site at which each vaccine was administered should be noted in the individual's records.</p>
<p>Quantity to be administered</p>	<p>0.5mL</p>

<p>Storage requirements</p>	<p>Vaccine will be stored in a temperature controlled refrigerator between +2°C and +8°C. Refrigerators should have maximum and minimum temperatures recorded daily.</p> <p>Store in original packaging in order to protect from light.</p> <p>Do not freeze.</p> <p>After reconstitution, the vaccine should be used immediately. However, stability after reconstitution has been demonstrated for 8 hours below 25°C (below 30°C for Nimenrix®). Discard any reconstituted vaccine not used within 8 hours.</p> <p>Individual NHS Board guidance on the storage, handling and cold chain in relation to vaccines must be observed. Likewise, individual NHS Board guidance in relation to waste management and the disposal of all spent, partially spent or unused vaccines must also be observed.</p> <p>In the event of an inadvertent or unavoidable deviation of these conditions, vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed for suitability of continued off-label use or appropriate disposal.</p>
<p>Additional Information</p>	<p>Meningococcal ACWY conjugate vaccine can be given at the same time as other vaccines such as pneumococcal, measles, mumps and rubella (MMR), diphtheria, tetanus, pertussis, polio, Hib and HPV.</p> <p>The immunogenicity of the vaccine could be reduced in immunosuppressed individuals. However, vaccination should proceed in accordance with national recommendations.</p> <p>Medical conditions such as coeliac disease, sickle cell disease and other haemoglobinopathies may be accompanied by functional hyposplenism. However, hyposplenism in coeliac disease is uncommon in children, and the prevalence correlates with the duration of exposure to gluten. Therefore, individuals diagnosed with coeliac disease early in life and well managed are unlikely to require additional MenACWY vaccine. Only those with known splenic dysfunction should be vaccinated in accordance with this PGD.</p> <p>Individuals receiving complement inhibitor therapy (such as eculizumab or ravulizumab) are at heightened risk of meningococcal infection and should be vaccinated with both MenACWY and MenB vaccines (see NoS MenB PGD), ideally at least two weeks prior to commencement of therapy.</p>

	<p>Meningococcal vaccines may be given to pregnant women when clinically indicated. There is no evidence of risk from vaccinating pregnant women or those who are breast-feeding with inactivated virus or bacterial vaccines or toxoids.</p>
<p>Follow-up (if applicable)</p>	<p>Following immunisation patients should remain under observation in line with individual NHS Board policy.</p> <p>Individuals should not leave if they are feeling unwell without speaking to the healthcare professional who administered the vaccine first. If necessary a doctor or the individuals GP should be contacted for advice.</p>
<p>Advice (Verbal)</p>	<ul style="list-style-type: none"> • Advise individual/parent/carer what to expect and of the possible side effects and their management. • The individual should be advised to seek medical advice in the event of a severe adverse reaction. • Individuals/carers should be advised to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme. <p>When administration is postponed advise the individual/parent/carer when to return for vaccination.</p> <p>If appropriate, advise when subsequent doses are due and if any follow up is required.</p>
<p>Advice (Written)</p>	<p>The PIL contained in the medicine(s) should be made available to the individual/parent/carer. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.</p> <p>Supply immunisation promotional material as appropriate.</p> <p>More information regarding this vaccine can be found at: https://www.nhsinform.scot/healthy-living/immunisation</p>
<p>Identifying and managing possible adverse reactions</p>	<p>Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints.</p> <p>The most commonly seen reactions are minor local injection site reactions such as hardening of the skin, oedema, pain and redness. A small painless nodule may form at the injection site.</p>

	<p>For Menveo® other very common or common reactions include headache, nausea, rash and malaise.</p> <p>For Nimenrix® other very common or common reactions include irritability, drowsiness, headache, nausea and loss of appetite.</p> <p>As with all vaccines there is a very small possibility of anaphylaxis and facilities for its management must be available.</p> <p>This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SmPC for details of all potential adverse reactions.</p> <p>BNF/BNFC: BNF British National Formulary - NICE BNF for Children British National Formulary - NICE</p> <p>SmPC/PIL/Risk Minimisation Material: Home - electronic medicines compendium (emc) MHRA Products Home RMM Directory - (emc)</p> <p>If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Document in accordance with locally agreed procedures in the individual's record.</p> <p>Report any suspected adverse reactions using the Yellow Card System. Yellow Card Scheme - MHRA</p>
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<p>Facilities and supplies required</p>	<p>The following are to be available at sites where the vaccine is to be administered:</p> <ul style="list-style-type: none"> • Pharmaceutical refrigerator (or a validated cool box for storing vaccine if mobile unit) • An acceptable level of privacy to respect individual's right to confidentiality and safety • Basic airway resuscitation equipment (e.g. bag valve mask) • Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection • Access to a working telephone • Another competent adult, who can summon urgent emergency support if required should ideally be present • Access to medical support (this may be via the telephone) • Approved equipment for the disposal of used materials • Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel • A copy of this PGD in print or electronically.
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Characteristics of staff authorised to administer vaccine under PGD

<p>Professional qualifications</p>	<p>The following classes of registered healthcare practitioners are permitted to administer vaccines as identified and included in individual Board immunisation delivery plans:</p> <ul style="list-style-type: none"> • Nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) • Pharmacists currently registered with the General Pharmaceutical Council (GPhC) • Chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers and speech and language therapists currently registered with the Health and Care Professions Council (HCPC) • Dental hygienists and dental therapists registered with the General Dental Council • Optometrists registered with the General Optical Council.
<p>Specialist competencies</p>	<p>Approved by the organisation as:</p> <ul style="list-style-type: none"> • Competent to assess the individual's/parent's/carer's capacity to understand the nature and purpose of vaccination in order to give or refuse consent • Familiar with the vaccine product and alert to changes in the product information • Competent to undertake administration of the vaccine and discuss issues related to vaccination

	<ul style="list-style-type: none"> • Competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions • Competent in the handling and storage of vaccines, and management of the “cold chain” • Competent to work under this PGD and authorised by name as an approved person to work under the terms of the PGD.
<p>Ongoing training and competency</p>	<p>All professionals working under this PGD must:</p> <ul style="list-style-type: none"> • Have undertaken NoS PGD module training on TURAS Learn • Have attended basic life support training either face to face or online and updated in-line with individual Board requirements • Have undertaken immunisation training • Have undertaken NHS e-anaphylaxis training or equivalent which covers all aspects of the identification and management of anaphylaxis updated in-line with individual Board requirements • Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct. Note: All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of the vaccine. If any training needs are identified these should be discussed with those responsible for authorisation to act under the PGD. • Have knowledge and familiarity of the following; <ul style="list-style-type: none"> ○ Current edition of the Green Book ○ SmPC for the vaccine to be administered in accordance with this PGD ○ Relevant policy relating to vaccine storage and immunisation procedures for use within their Health Board ○ Relevant Scottish Government Health Directorate advice including the relevant CMO letter(s).
<p>Responsibilities of professional manager(s)</p>	<p>Professional manager(s) will be responsible for;</p> <p>Ensuring that the current PGD is available to all staff providing care under this direction.</p> <p>Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above.</p> <p>Maintain up to date record of all staff authorised to administer the vaccine specified in this direction.</p>

Documentation

<p>Authorisation of administration</p>	<p>Qualified registered healthcare professionals working within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles listed and approved in legislation as able to operate under PGD can be authorised to administer the vaccine specified in this PGD in accordance with local delivery plans and by agreement at individual Board level as per the following:</p> <p>Nurses, midwives and health visitors can be authorised by their line manager.</p> <p>Pharmacists working within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles can be authorised to administer the medicine(s) specified in this PGD when they have completed local Board requirements for service registration.</p> <p>The following list of healthcare professionals can be authorised by their Line Manager, Head of Service or Vaccine Coordinator: Chiropodists, dental hygienists, dental therapists, dieticians, occupational therapists, optometrists, orthoptists, orthotist/prosthetists, paramedics, physiotherapists, podiatrists, radiographers and speech and language therapists.</p> <p>All authorised staff are required to read the PGD and sign the Agreement to Administer Medicines Under PGD (Appendix 1). A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board.</p>
<p>Record of administration</p>	<p>An electronic or paper record must be completed to allow audit of practice.</p> <p>An electronic/Hospital Electronic Prescribing and Medicines Administration (HEPMA) record of the screening and subsequent administration, or not of the medicine(s) specified in this PGD should be made in accordance with individual Health Board electronic/HEPMA recording processes.</p> <p>If a paper record is used for recording the screening of individuals and the subsequent administration, or not of the medicine(s) specified in this PGD, it should include as a minimum:</p> <ul style="list-style-type: none"> • Date and time of vaccine administration • Individuals name, address and CHI

	<ul style="list-style-type: none"> • GP with whom the individual is registered • Exclusion criteria, record why the vaccine was not administered (if applicable) • Record that valid consent to treatment under this PGD was obtained • The name, brand, dose, form, batch number, expiry date, route/and anatomical site of the vaccination administered • Advice given, including advice given if excluded or declined vaccination under this PGD • Signature and name in capital letters of the healthcare professional who administered the vaccine, and who undertook the assessment of the individual’s clinical suitability for the vaccine • Where childhood immunisations are given information of the administration must be provided to the GP Practice and Practitioner Services Division (PSD) for inclusion on the Scottish Immunisation Recall System (SIRS). • Record of any adverse effects and the actions taken (advise individuals’ GP/relevant medical practitioner). <p>Depending on the clinical setting where administration is undertaken, the information should be recorded manually or electronically on the individual service specific system, as appropriate.</p> <ul style="list-style-type: none"> • Child Health Information Services if appropriate • Hand–held records such as red book if appropriate • Individual’s GP records if appropriate • HEPMA • Individual service specific systems. <p>Local policy should be followed with respect to sharing information with the individual’s General Practitioner.</p> <p>All records should be clear, legible and contemporaneous and in an easily retrievable format.</p>
<p>Audit</p>	<p>All records of the vaccine specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service where the PGD will be used will be responsible for annual audit to ensure a system of recording medicines administered under a PGD.</p>
<p>References</p>	<p>Electronic Medicines Compendium http://www.medicines.org.uk</p> <p>Menveo®: – Date of revision of text 23/01/20, accessed 19/07/2022.</p>

	<p>Nimenrix® – Date of revision of text January 2020, accessed 19/07/2022.</p> <p>British National Formulary for Children and the British National Formulary accessed 19/07/2022.</p> <p>Department of Health (2006): Immunisation against Infectious Disease [Green Book]</p> <p>Immunisation of individuals with underlying medical conditions: the green book, chapter 7 - GOV.UK (www.gov.uk)</p> <p>Meningococcal: the green book, chapter 22 - GOV.UK (www.gov.uk)</p> <p>Vaccinations For Paediatric Patients Treated With Standard-Dose Chemotherapy And Haemopoietic Stem Cell Transplantation (HSCT) Recipients (2020)</p> <p>American Academy of Pediatrics (2003) Active immunisation. In: Pickering LK (ed.) Red Book: 2003 Report of the Committee on Infectious Diseases, 26th edition. Elk Grove Village, IL: American Academy of Pediatrics, p 33.</p>
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Appendix 1

Healthcare Professional Agreement to Administer Vaccine Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to administer the vaccine contained within the following Patient Group Direction:

Patient Group Direction For The Administration Of Meningococcal ACWY Conjugate Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles

I have completed the appropriate training to my professional standards enabling me to administer the vaccine under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN: _____



Appendix 2

Healthcare Professionals Authorisation to Administer Vaccine Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.

The Senior Nurse/Professional who approves a healthcare professional to administer the vaccine under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.

The Healthcare Professional that is approved to administer the vaccine under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.

Patient Group Direction For The Administration Of Meningococcal ACWY Conjugate Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles

Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

