Bournemouth, Poole and Dorset councils
working together to improve and protect health

This Patient Group Direction (PGD) must only be used by registered community pharmacists who have
been named and authorised by their organisation to practice under it and in line with the Public Health
Dorset Service Level Agreement for the provision of the influenza immunisation in Community
Pharmacies for eligible Local Authority Staff/Contractors within the County of Dorset.
The most recent and in date final signed version of the PGD should be used.

Patient Group Direction

for

Administration of Influenza Vaccine

by registered community pharmacists for

Eligible Local Authority Staff in

Dorset, Bournemouth and Poole

Version number: 3.0 2017

(Note: this PGD does NOT cover the use of the intradermal vaccine)

The master copy for this PGD is held by:
Public Health Dorset, Third Floor, Princes House, Princes Street, Dorchester, Dorset, DT1 1TP

Change history

<table>
<thead>
<tr>
<th>Version number</th>
<th>Change details</th>
<th>Date</th>
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<tbody>
<tr>
<td>1.0 &amp; 2.0</td>
<td>Relate to expired PGD from 2014-16</td>
<td>October 2014</td>
</tr>
<tr>
<td>3.0</td>
<td>First draft</td>
<td>October 2017</td>
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Review date: 30th June 2019
Valid from: October 2017
Expire date: 31st October 2019
Patient Group Directive (PGD) for the Administration of Influenza Vaccination to Eligible Local Authority Staff

1. PGD DEVELOPMENT

The PGD was adapted for Bournemouth, Dorset and Poole from the national Public Health England PGD for IM Influenza (v04.00)

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title and Organisation</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Dr Jane Horne</td>
<td>Consultant in Public Health, Public Health Dorset</td>
<td></td>
<td>7/11/17</td>
</tr>
<tr>
<td>Dr Paul Mason</td>
<td>GP Advisor to the Dorset CCG Medicines Team</td>
<td></td>
<td>2/11/17</td>
</tr>
<tr>
<td>Katherine Gough</td>
<td>Head of Medicines Management, Dorset CCG</td>
<td></td>
<td>27/11/17</td>
</tr>
<tr>
<td>Representative of other professional group using PGD</td>
<td>Claire Woollard Dorset LPC</td>
<td></td>
<td>16/11/17</td>
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2. PGD AUTHORISATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title and Organisation</th>
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<tbody>
<tr>
<td>Senior Doctor</td>
<td>Consultant in Public Health, Public Health Dorset</td>
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<td>7/11/17</td>
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<tr>
<td>Dr Jane Horne</td>
<td></td>
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<tr>
<td>Senior Pharmacist</td>
<td>Head of Medicines Management, Dorset CCG</td>
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<td>27/11/17</td>
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<td>Katherine Gough</td>
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<tr>
<td>Senior Representative</td>
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<tr>
<td>Person signing on behalf of the authorising body</td>
<td>Consultant in Public Health, Dorset County Council</td>
<td></td>
<td>7/11/17</td>
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<tr>
<td>Dr Jane Horne</td>
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3. PGD ADOPTION BY THE PROVIDER

<table>
<thead>
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<th>Name</th>
<th>Job Title and Organisation</th>
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<tbody>
<tr>
<td>Lead Pharmacist</td>
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### 4. CHARACTERISTICS OF STAFF

<table>
<thead>
<tr>
<th>Requirements of registered community pharmacists working under the PGD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Qualifications and professional registration</strong></td>
</tr>
<tr>
<td>• Pharmacists currently registered with the General Pharmaceutical Council (GPhC)</td>
</tr>
<tr>
<td><strong>Additional requirements</strong></td>
</tr>
<tr>
<td>• must be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it</td>
</tr>
<tr>
<td>• must have undertaken appropriate training for working under PGDs for supply/administration of medicines</td>
</tr>
<tr>
<td>• must be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions)</td>
</tr>
<tr>
<td>• must be familiar with the vaccine product and alert to changes in the Summary of Product Characteristics (SPC), Immunisation Against Infectious Disease (&quot;The Green Book&quot;)</td>
</tr>
<tr>
<td>• must have undertaken training appropriate to this PGD as required by local policy and in line with the National Minimum Standards for Immunisation Training (2005)</td>
</tr>
<tr>
<td>• must be competent to undertake immunisation and to discuss issues related to immunisation</td>
</tr>
<tr>
<td>• must be competent in the handling and storage of vaccines, and management of the &quot;cold chain&quot;</td>
</tr>
<tr>
<td>• must be competent in the recognition and management of anaphylaxis</td>
</tr>
<tr>
<td>• must have access to the Patient Group Direction and the Public Health Dorset service specification for Flu Vaccinations for Local Authority Staff 2017/18</td>
</tr>
<tr>
<td>• should fulfil any additional requirements defined by local policy</td>
</tr>
<tr>
<td>• THE INDIVIDUAL PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.</td>
</tr>
</tbody>
</table>

| Continued training requirements |
| Practitioners must ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of anaphylaxis, with evidence of appropriate Continued Professional Development (CPD). |
| Practitioners should be constantly alert to any subsequent recommendations from Public Health England and/or NHS England and other sources of medicines information. |

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### 5. CLINICAL CONDITION OR SITUATION TO WHICH THIS PGD APPLIES

| Situation to which this PGD applies | The purpose of the Pharmacy Influenza Immunisation Service for Local Authority Staff is to ensure that staff identified by their Employer and/or Commissioner in the County of Dorset are offered the vaccine.  

**Public Health Dorset specific restrictions:**  
Staff must be identified by their Employer/Commissioner from the following Local Authorities:  
- Bournemouth Borough Council  
- Dorset County Council  
- Borough of Poole Council  
- Tricuro  
Staff will be provided with a voucher by their Employer and should also be able to display a local authority identity badge or payslip where ID is not available as specified in the Service Level Agreement. |
| Criteria for inclusion | Staff who present to the pharmacy with a voucher and relevant identification criteria. These are staff who, on the basis of a local risk assessment, have been identified by their Employer and/or Commissioner as appropriate to receive the vaccine because they have a duty of care to protect their patients and service users from influenza infection.  

**Criteria for exclusion** | Patients for whom no valid consent has been received  

**Those who are eligible for Flu Vaccination through the NHS England Flu Programme.** This includes those with the following conditions or in the following groups (identified by the questions asked on PharmOutcomes):  
- Aged over 65  
- Pregnant women  
- Chronic respiratory disease  
- Chronic obstructive pulmonary disease (COPD)  
- Chronic heart disease  
- Chronic kidney disease  
- Chronic liver disease  
- Chronic neurological disease  
- Diabetes  
- Immunosuppression  
- BMI > 40kg/m²  

People who:  
- have had a confirmed anaphylactic reaction to a previous dose of the vaccine.  
- have had a confirmed anaphylactic reaction to any component of the vaccine (other than ovalbumin – see Cautions).  
- have had a severe anaphylactic reaction to egg which has previously occurred. |

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| Cautions including any relevant action to be taken | For individuals with a bleeding disorder, vaccines normally given by an intramuscular route should be given by deep subcutaneous injection to reduce the risk of bleeding (see "The Green Book" Chapter 4). Please note, in this context, bleeding disorder does not mean individuals on aspirin or therapeutically controlled warfarin management.

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.

**Egg Allergy**

With the exception of those individuals with a severe anaphylaxis to egg which has previously required intensive care (see criteria for exclusion) patients with less severe egg allergy can be immunised in any setting using an inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms in a 0.5 ml dose), see Influenza vaccine ovalbumin content.

| Actions if patient excluded | Individuals with egg allergy, hypersensitivity or previous anaphylaxis should be advised to discuss with their employer's occupational health for a more formal risk assessment to consider the balance of risks. If excluded for these reasons this does not necessarily mean that vaccination will not be possible, but it will fall outside the remit of the PGD.

Individuals with neurological conditions are likely to be eligible for the NHS England Flu Programme, but in any event should be referred to their GP for assessment and vaccination if appropriate.

For individuals with acute illness at presentation, vaccination should be postponed until condition has stabilised; risks should be explained and advice given documented.

Patients who are eligible for a flu vaccination through the NHS England flu programme must be signposted to local providers of this seasonal influenza immunisation programme.

| Arrangements for referral for medical advice | As per local policy. |

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### 6. DESCRIPTION OF TREATMENT

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Inactivated influenza vaccine suspension in a pre-filled syringe.
(This PGD does NOT cover the use of the intradermal vaccine, Intanza*.)

A list of the influenza vaccines available in the UK is published in the annual flu letter for England.

Legal category: Prescription Only Medicine (POM).

Black Triangle ▼: Quadrivalent vaccines (including Fluarix* Tetra▼) are black triangle.

Off label use: Not relevant within the remit of this PGD

Route/method of administration:
Administer by intramuscular injection, preferably into deltoid region of the upper arm. The anterolateral aspect of the thigh is the preferred site for infants under one year old.

When administering at the same time as other vaccines care should be taken to ensure that the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably in different limbs. If given in the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records.

For individuals with a bleeding disorder, vaccines normally given by an intramuscular route should be given by deep subcutaneous injection to reduce the risk of bleeding (see “The Green Book” Chapter 4).

Shake vaccine before administration. Inspect visually prior to administration and ensure appearance is consistent with description in Summary of Product Characteristics.

The Summary of Product Characteristics (SPC) provides further guidance on administration and is available from the electronic Medicines Compendium website: www.medicines.org.uk

Dose and frequency of administration: Single 0.5ml dose to be administered for the current annual flu season.

Duration of treatment: Single 0.5ml dose annually.

Quantity to be supplied/administered: Single dose of 0.5ml per administration.

Storage: Store at +2°C to +8°C.
Store in original packaging in order to protect from light. Do not freeze.
### Equipment Used for Immunisation

Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of at the end of a session by sealing in a UN-approved puncture-resistant ‘sharps’ box, according to local authority regulations and guidance in the *technical memorandum 07-01: Safe management of healthcare waste* (Department of Health, 2013).

### Drug Interactions

- Immunological response may be diminished in those receiving immunosuppressive treatment but it is important to still immunise this group.
- May be given at the same time as other vaccines.
- A detailed list of drug interactions is available in the SPC for each vaccine, which is available from the electronic Medicines Compendium website: [www.medicines.org.uk](http://www.medicines.org.uk)

### Identification & Management of Adverse Reactions

- 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 intramuscular 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 can occur.
- A detailed list of adverse reactions is available in the SPC for each vaccine, which are available from the electronic Medicines Compendium website: [www.medicines.org.uk](http://www.medicines.org.uk)

### Written Information to Be Given to Patient or Carer

- Offer marketing authorisation holder’s patient information leaflet (PIL) provided with the vaccine.

### Patient Advice / Follow Up Treatment

- Patients should be advised regarding adverse reactions to vaccination and reassured that the inactivated vaccine cannot cause influenza. However, the vaccine will not provide protection for about 14 days and does not protect against other respiratory viruses that often circulate during the flu season.
- Inform patient of possible side effects and their management.
- The patient should be advised to seek medical advice in the event of an adverse reaction.
- When administration is postponed advise the patient when to return for vaccination.

### Special Considerations and Additional Information

- Ensure there is immediate access to adrenaline (epinephrine) 1 in 1000 injection and access to a telephone at the time of vaccination.
- 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.
The Contractor shall ensure that the necessary documentation, as detailed in this Service Specification, is maintained and made available to Public Health Dorset to enable the Service to be monitored and for the purpose of post payment verification.

Record:
- that valid informed consent was given;
- name of patient, address, date of birth and GP with whom the patient is registered
- name of immuniser
- name and brand of vaccine
- date of administration
- dose, form and route of administration of vaccine
- quantity administered
- batch number and expiry date
- anatomical site of vaccination
- advice given, including advice given if excluded or declines immunisation
- details of any adverse drug reactions and actions taken
- supplied via Patient Group Direction (PGD)

Records should be signed and dated (or password controlled immunisers record on e-records).

All records should be clear, legible and contemporaneous.

As a wide variety of influenza vaccines are available on the UK market each year, it is especially important that the exact brand of vaccine, batch number and site at which each vaccine is given is accurately recorded in the patient records.

Public Health Dorset may undertake a visit to the Pharmacy to inspect the provision of the Service and to ensure that the Provider is meeting the service specification.

Use of PharmOutcomes

The Contractor shall ensure that all consultations are logged on PharmOutcomes to enable Public Health Dorset to monitor activity and verify payments for Services provided.

7. KEY REFERENCES

<table>
<thead>
<tr>
<th>Key references</th>
<th>Inactivated influenza vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Immunisation Against Infectious Disease: The Green Book, Chapter 19. Published 28 August 2015</td>
<td></td>
</tr>
<tr>
<td>• Collection: Annual Flu Programme</td>
<td></td>
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<tr>
<td><a href="https://www.gov.uk/government/collections/annual-flu-programme">https://www.gov.uk/government/collections/annual-flu-programme</a></td>
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8. Practitioner authorisation sheet

Public Health Dorset IM Influenza PGD v3.0   Valid from: 01/10/2017 Expiry: 31/10/2019

Before signing this PGD, check that the document has had the necessary authorisations in section two. Without these, this PGD is not lawfully valid.

Practitioner

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

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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Authorising manager

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of INSERT NAME OF ORGANISATION for the above named health care professionals who have signed the PGD to work under it.

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Signature</th>
<th>Date</th>
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</table>

Note to authorising manager

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.