

Medicines Management Dept

Patient Group Direction for the Supply/administration of

**Patient Group Direction for the Supply/administration of
Hepatitis B vaccination in those adults considered to be at
high risk (excluding those presenting with a needlestick
injury) by qualified and suitably trained Community
Pharmacists**

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| Define situation/condition | <p>Immunisation against Hepatitis B</p> <p>UK National guideline on the management of viral hepatitis A, B and C, 2008 http://www.bashh.org/guidelines/2005/hepatitis_abc_final_0905.pdf</p> |
| Criteria for inclusion | <ul style="list-style-type: none"> • Homosexual males • Bisexual males • Female sexual partners of bisexual males • Intravenous drug users • Alcohol Detox patients • Sexual partners of intravenous drug users • Commercial sex workers • Regular users of commercial sex workers • Those travelling abroad frequently to endemic regions |
| Criteria for exclusion | <p>All patients outside the target group</p> <p>Under 18 years of age Acute severe febrile illness Known hepatitis B positive individuals</p> <p>Known HIV positive patients or immunosuppressed individuals.</p> <p>A confirmed anaphylactic reaction to the vaccine or any component of the vaccine</p> <p>Pregnant Women</p> <p>Post exposure Prophylaxis</p> <p>No valid consent.</p> |
| Action if excluded | <p>Refer to GP or Sexual Health Service</p> |
| Contraindications | <p>Engerix B should not be administered to subjects with known hypersensitivity to any component of the vaccine, or to subjects having shown signs of hypersensitivity after previous Engerix B</p> |

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| | <p>administration. As with other vaccines, the administration of</p> <p>Engerix B should be postponed in subjects suffering from acute severe febrile illness. The presence of a minor infection, however, is not a contra-indication for immunisation.</p> <p>Pregnancy and Breastfeeding mothers</p> |
| Action if contraindications | Document and Refer to GP or Sexual health service |
| Action if patient declines | Document and Refer to GP or Sexual Health Services |

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| 2. Characteristics of staff | |
| Qualifications required | Practising Pharmacists registered with the RPSGB who have completed the PCT approved training to deliver this service |
| Additional requirements | Pharmacy actively engaged with Needle Exchange and supervised consumption of methadone services. Completion of two day vaccination training programme provided by M and K updates; Basic life support and anaphylaxis-provided by trust and full understanding of PGD. |
| Continued education & training requirements | <p>Annual assessment of competency arranged through occupational health IOW NHS trust.</p> <p>Annual update in Blood Borne Virus Training.</p> <p>Annual update in BLS and anaphylaxis.</p> <p>The pharmacist should be aware of any change to the recommendations for the medicine listed.</p> <p>Continued professional development is the responsibility of the pharmacist. He/ She should keep up to date with developments in areas relevant to this PGD.</p> |

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| 3. Description of Treatment | |
| Name of Medicine | Hepatitis B recombinant vaccine adsorbed (Engerix B prefilled syringes) |
| Legal status of medicine | POM |
| Dose | Adults over 18 years- ultra rapid course: One dose(1ml prefilled syringe-20mcg). |
| Route | IM into right or left deltoid muscle |
| Frequency | One dose (1ml prefilled syringe-20mcg) given at 0,7, and 21 days. A booster dose is recommended at 12 months to provide long term protection. |

| Drug | Contraindications/ Cautions | Common Adverse Effects | Interactions | Notes |
|--|---|--|----------------------------|--|
| Hepatitis B recombinant vaccine adsorbed (Engerix B prefilled syringe 20mcg/1ml suspension) | <ul style="list-style-type: none"> • Pregnancy • Breastfeeding • Known allergy and/or hypersensitivity to Engerix B. • Thrombocytopenia. • Bleeding disorders • Febrile illness | <p>Very rare – see SPC</p> <ul style="list-style-type: none"> • Injection site pain • Injection site Erythema • Injection Site Induration | Non detailed in SPC | See SPC Must not be administered into the buttock or intradermally at any site. |

| Follow up treatment | |
|---|---|
| Written/verbal advice for patient | <ul style="list-style-type: none"> • Check client's ID. • Explain common side effects of vaccination. • Obtain verbal consent to give vaccination. • Give appointment for next dose prior to client leaving the service. Agree sms contact if appropriate • Emphasis the importance of completing the vaccine course. <p>Offer safer sex advice and condoms.</p> |
| Specify method of recording supply and /or administration | <ul style="list-style-type: none"> • Completion of IOWPCT treatment form, including additional record entry in patient PMR. <p>The pharmacist must keep a record of the consultation for at least two years. The following should be noted in the pharmacist's records:</p> <ul style="list-style-type: none"> • Assessment of client need in relation to the intervention. • Date and time of supply and administration. • Dose given • Record of dose number as per schedule • Batch number and expiry date. • Advice given and leaflets supplied. • Signature of client. • Signature of Pharmacist. |
| Procedure for reporting ADRs to Medical Practitioner | <p>Whilst rare, all serious ADRs should be reported, even if the effect is well recognised. (See British National Formulary (BNF) for supporting information.)</p> <p>ADRs should be reported to:</p> <p>The patient's GP</p> <p>The Committee on Safety of Medicines, using the Yellow ADR card system. Cards are available: in the BNF; from the Medicines Management Teams; and electronic versions at www.yellowcard.gov.uk.</p> |

Management of Group Directions:

Group direction developed by:

*Mr Kevin Noble – Community Pharmacy Lead IW PCT
Mr Paul Jerram – Head of Medicines Management IW PCT
Dr John Partridge- Clinical Governance Lead
Signature.*

Authorizing Doctor/s:

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*Dr John Partridge
Date signed off*

Date applicable:

Review date:

2 years or as appropriate

Senior Pharmacist

Signature.

Clinical Directorate Pharmacist

.....
*Mr Kevin Noble- Community Pharmacy Lead
Signature.*

Approved by Pharmacy Group

.....
*Mr Paul Jerram- Head of Medicines Management
Signature*

Approved by Clinical Standards Group

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*Mr Paul Jerram- Head of Medicines Management
Signature*

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*Signed by chair of committee (making the Trust
liable for the supply and administration of medicines
under the PGD, subject to its proper application by
authorised and competent personnel.*

The group direction is to be read, agreed to, and signed by all staff it applies to. One copy is to be given to the health professional, another kept in the department.

I have read the group direction and agreed to use it in accordance with the criteria described.

All professionals who will be using the PGD need to read it and sign. Their review date should ideally be linked to appraisals or other personal review processes to ensure that they are still competent to be approved practitioners under the PGD

Name:

Signature:

Date:

Review date:

Name:

Signature:

Date:

Review date:

Name:

Signature:

Date:

Review date: