

## NHSGGC PRESCRIBING SUPPORT TEAMS

# Vaccinations – seasonal flu, pneumococcal and shingles vaccination - information for care homes 2018 to 2019

This guidance summarises care inspectorate guidance on how vaccines should be supplied and administered to children and adults in residential care services. Full guidance can be viewed [here](#). **Seasonal flu vaccination** should be offered to all residents living in long-stay residential care homes. A CMO letter describing the programme for this year can be found [here](#). Advice on childhood immunisation is available [here](#).

This year there are 4 different influenza vaccines recommended for different age groups and risk categories. For ease of reference, a flow chart outlining the requirements for each of these groups, along with additional educational resources can be found [here](#). An eligibility calculator available [here](#).

**Pneumococcal vaccination** is usually offered to people who are over 65 who have not had it before and many people only need to be given this vaccination once in their lifetime, although some need boosters every 5 years e.g. those with chronic renal impairment and individuals with no spleen or splenic dysfunction. Further information can be found [here](#).

**The annual shingles vaccination** programme usually begins on the 1<sup>st</sup> September each year. The programme targets people aged between 70 and 79 years of age and a CMO letter describes the ages of those to be called for routine or catch up vaccination in any given year. The CMO letter for 2018/19 may be found [here](#).

When **ANY** health care professional administers vaccines to someone over 16 while they are living in a residential care service they need to ensure they have consent, either from the resident or from a welfare guardian or welfare power of attorney (welfare proxy) with the relevant powers. **If this is not possible** then there should be a certificate of Incapacity Section 47 certificate where the medical professional has included wording similar to "treatment and prevention of infection" or "influenza/shingles vaccination" on the certificate or associated treatment plan.

**The resident's friends or relatives or care home can only sign consent forms if they have the appropriate legal powers to consent to medical treatment**

### **Authorising supply and administration**

If prescribers delegate the administration to care service staff, the authority for a person to supply and/or administer the vaccine is given by:

- a prescription written manually or electronically by a registered medical practitioner or other authorised prescriber, **or**
- a Patient Specific Direction (PSD), **or**
- a Patient Group Direction (PGD).

For legal reasons (relating to PGDs in general), it must be emphasised that nurses employed by care service organisations **are not normally covered by PGDs**. This means the need for a vaccine must normally be individually assessed by the prescriber, and written authorisation (prescription or PSD) provided for each named resident, before care staff can administer the vaccine.

Using a PSD allows supply/administration of vaccine to a list of named people in the care service (this must detail their CHI or date of birth). A template PSD is attached if the vaccine is to be administered by care home staff.

Note: A separate PSD form must be completed for each different type of flu vaccine formulation in use this year detailing the names of the patients receiving it.

**A patient group direction (PGD) is drawn up by the NHS for use by their employees and cannot normally authorise administration of vaccines by non-NHS staff employed in residential care services.** NHSGGC PGD can be viewed [here](#).

### **Administration of vaccines**

- Flu vaccine, with the exception of the intranasal vaccine used in children) is usually administered by intramuscular injection (or deep subcutaneous injection if the patient has a bleeding disorder). However, please refer to individual summary of product characteristics for further information as administration techniques may vary.
- Pneumococcal vaccine is administered by intra-muscular injection (or deep subcutaneous injection if the patient has a bleeding disorder).
- Shingles vaccine (Zostavax®) is administered by intra-muscular injection (or deep subcutaneous injection if the patient has a bleeding disorder).

For advice on the co-administration of vaccines please refer to individual summary of product characteristics at <https://www.medicines.org.uk/emc/>

Any person administering a vaccine must have the necessary experience, skills and training. A protocol for the management of anaphylaxis and Adrenaline (Epinephrine) 1:1000 injection should be available. The vaccines along with the adrenaline should be supplied by the GP practice caring for the particular patient. If delegating the administration to care service staff, prescribers must ensure the care service staff have the necessary skills and experience to administer the vaccine; and know how to recognise and initially treat anaphylaxis.

### **Contraindications**

Vaccines should not be given to anyone who has had a confirmed anaphylactic reaction to a previous dose of the vaccine, or a confirmed anaphylactic reaction to any component of the vaccine (seek further advice from the patient's GP).

Zostavax® contains live vaccine so it is essential to check there are no contra-indications to administering a live vaccine to individuals in at risk groups presenting for vaccination.

A screening tool for contra-indications to shingles vaccine is available [here](#). The Green Book which can be viewed [here](#) has the latest information on vaccines and vaccination procedures for all the vaccine preventable infectious diseases that may occur in the UK.

### **Storage**

Seasonal flu and pneumococcal vaccines should be stored in a fridge (2 - 8 degrees centigrade). Fridge temperatures should be checked daily using a maximum/minimum thermometer. The maximum and minimum temperatures should be recorded. Care home staff should know what to do if the vaccines have been kept out with this temperature range. An elearning package is available [here](#) on the NES website for healthcare staff.

### **Records**

The care service must keep its own records of vaccines administered, even when they are administered by NHS staff. See the Care Inspectorate guidance document for detail on what information should be kept within the resident's personal plan. A copy of the signed consent form should be retained by

the GP practice for their records.

## **Acknowledgments**

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## NHSGGC PRESCRIBING SUPPORT TEAMS

### Care Homes Consent Form for Influenza Vaccination

**Patient Name:**

**Date of Birth (inc. CHI):**

**Nursing Home Address:**

Consent to treatment (select **one** of the following 4 options)

1. Where the resident has capacity to consent **and can sign this form**;

I am the patient and I have received and understood the advice given to me and consent to administration of the influenza vaccine

Signature.....

Date .....

2. Where the resident has capacity to consent **but is unable to sign this form**, we confirm that the patient has given informed verbal consent witnessed by two members of staff. (**Both signatures** required).

Signature ..... Name .....

Date.....

Signature ..... Name .....

Date.....

3. Where the **resident is unable to consent themselves**

I am the patient's welfare guardian/ welfare power of attorney (delete as applicable) and I have received and understood the advice given to me and consent and consent to administration of the influenza vaccine to the patient within the 2018/2019 influenza season

Signature ..... Name .....

Date .....

4. Where **it is not possible** to gain consent

Only when none of the three options above not possible, flu vaccination can be administered providing there is a certificate of Incapacity Section 47 certificate where the medical professional has included wording similar to "treatment and prevention of infection" or "influenza/shingles vaccination" on the certificate or associated treatment plan

I confirm that it is not possible to get consent

Signature ..... Name .....

Date .....

Batch number -	Expiry date -
OR	
Affix vaccine label	