

Document Type:		Standard Operating Procedure	
Reference Number: <b>2005</b>	Version Number: <b>5</b>	Next Review Date: <b>2 October 2021</b>	
Title:	<b>Administration of Pneumococcal Polysaccharide Vaccine to housebound adult patients registered with Torbay and South Devon NHS Foundation Trust (TSDFT) GPs by Torbay and TSDFT community nursing teams</b>		
Document Author:	<b>ADN&amp;PP and Antimicrobial Pharmacist</b>		
Applicability:	Registered healthcare practitioners employed by Torbay and South Devon NHS Foundation Trust.		

### 1. Scope of this SOP

Applicable to registered healthcare practitioners employed by Torbay and South Devon NHS Foundation Trust.

### 2. Competencies required

Registered healthcare practitioners employed by Torbay and South Devon NHS Foundation Trust Health (TSDFT) within the community setting, are required and must be able to show evidence of attendance at annual immunisation training, annual basic life support training and yearly anaphylaxis training/update along with the Trust's mandatory training.

### 3. Patients covered

Adult clients (aged 16yrs and over) within a residential care home setting or those who are 'housebound' due to ill health or disability and who are eligible for pneumococcal vaccination.

The broad risk groups are listed in [Appendix 2](#).

**Housebound - "A housebound patient is defined as a patient to whom the contractor (primary care) would normally offer home visits as this is the only practical means of enabling the patient to consult a general practitioner face to face. This includes patients living in a care home, who are registered with a GP practice and who meet the definition of a housebound patient."**

### 4. Procedure

- Names and signatures of all appropriately registered healthcare practitioners authorised to use the Patient Specific Direction (PSD) for the administration of pneumococcal vaccine must be completed (Appendix 6). A copy of the original list

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must be held by the authorising manager. A scanned copy will be sent to each practice manager as a separate document to the PSD.

2. The General Practitioner (GP) must forward to the relevant nursing teams, a completed and signed PSD for each client eligible for pneumococcal vaccination using 2020/21 forms provided. This acts as the authorised administration list for the nursing teams to work from.
3. Delivery of pneumococcal vaccines must be made directly to an appropriate drug storage fridge in order to maintain the 'cold chain'. Vaccines **MUST** be stored in a refrigerator used solely for medicinal products and with temperatures maintained at 2-8 °C. Refrigerator temperatures must be monitored and recorded daily. These records need to be archived and stored for a minimum of 8 years. Vaccines must be left in the original packaging.
4. Required vaccines must be collected and removed from the drug fridge on the day of administration, just before use and transferred to an appropriate validated cool box (as supplied by a medical company) for transportation. Domestic cool boxes **MUST NOT** be used to store, distribute or transport vaccines as these have not been validated because the internal box temperature over several hours cannot be guaranteed. Vaccines must be kept in the original packaging, wrapped in bubble wrap or similar insulation material and placed into the cool box with ice/cool packs as recommended in manufacturer's instructions. This will prevent direct contact between the vaccines and the cool packs which may cause the product to freeze. It will also protect the product from damage.

Vaccines transferred to centrally located drug refrigerators for collection by the Community Nursing staff must also be transported in accordance with the Trusts Cold Chain Policy for Medicines and Vaccines Ref: Cold Chain Policy for Medicines and Vaccines [Cold Chain Policy for Medicines and Vaccines G1913](#).

Registered healthcare practitioners must ensure that they only use manufacturer's instructions for packing and storage of the cool boxes. A record of the batch number and which surgery the vaccine was obtained from must be taken (Appendix 6). The vaccine box must be marked with the surgery's sticker before removal from the practice to ensure an audit trail. The stock proforma in [Appendix 4](#) must be completed to ensure accurate numbers of vaccines are recorded for each practice. These measures will maintain cold chain storage, ensure that batches of vaccine can be tracked and help minimise the risk to quality and stability of vaccine.

Registered healthcare practitioners will collect the required quantity of vaccine from the relevant surgery refrigerator in a validated cool bag for their rounds. All vaccine boxes must have the appropriate surgery sticker applied on removal, i.e. one per patient.

5. **REGISTERED HEALTHCARE PRACTITIONERS MUST CHECK** that an equal number of patient information leaflets is supplied with the vaccines.

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6. **For clients vaccinated in their own home:** Prior to the visit the client's name, address and date of birth details must be completed on the 'Vaccination Assessment Form – Domestic Setting' ([Appendix 1](#)). The registered healthcare practitioners must check these details against the PSD form to ensure only named clients appearing on the PSD receive vaccination.

Individual client assessment must be undertaken prior to administration and must include discussion with the client on reason for vaccination. The registered healthcare practitioners must document whether informed consent has been obtained. All assessment details must be documented on the 'Vaccination Assessment Form – Domestic Setting' ([Appendix 1](#)). If there is any doubt as to the suitability of the patient for vaccination then the GP must be contacted.

7. **For clients vaccinated within the care home setting:** client identification must be undertaken by the registered healthcare practitioners with a senior member of care home staff. This includes any clients who are seen in their own room. Prior to the visit the individual client's name, address and date of birth details must be completed on the 'Vaccination Assessment Form – Domestic Setting' ([Appendix 1](#)). The registered healthcare practitioners must check these details against the PSD form to ensure only names of client's appearing on the PSD receive vaccination. registered healthcare practitioners must document that all clients (or where necessary, a senior member of care home staff) have been asked all the assessment questions on the form to ensure that vaccination is safe. If there is any doubt as to suitability of the patient for vaccination then the GP must be contacted.

A 'Visit Feedback Form' ([Appendix 3](#)) must also be completed and signed by all participating registered healthcare practitioners. A copy of this should be provided for the care home to retain.

8. Where informed consent has not been obtained from the client in either setting, the registered healthcare practitioners must be able to demonstrate that a multi-disciplinary assessment has been made including an assessment of capacity. Consent form 4 'Form for adults who are unable to consent to investigation or treatment' must be completed to demonstrate that any decision to undertake vaccination has been made in the best interests of the client (Mental Capacity Act 2005 section 1(5)).
9. Prior to administration, the registered healthcare practitioners must check the identity of the vaccine to ensure the correct product is used. The expiry date must be checked. Vaccines must not be used after the expiry date and must be carefully discarded (return to pharmacy for disposal) and replaced. Administration of vaccine must be undertaken in accordance with manufacturers' instructions.
10. The vaccine must only be given by intramuscular or subcutaneous route only.
11. Vaccination will be carried out in accordance with national and local infection control protocols.

12. The date of administration, site of administration (e.g. left deltoid), brand name of vaccine, batch number, source of vaccine, i.e. surgery obtained from, dose given, expiry date and registered healthcare practitioner's signature must be recorded on the individual client's record and also on the PSD authorised administration list.
13. Written and verbal post vaccination advice must be given to the client/carer and must include information on possible side effects, local reactions and high temperature/fever management. **N.B. simple analgesic use for fever prophylaxis prior to vaccination is no longer recommended because there is some evidence that it may reduce the antibody response to the vaccine. (PHE Green Book, chapter 8).** However, paracetamol can be used to treat fever if this develops after vaccination.
14. In the event that a vaccine is not administered, the reasons for this must be clearly documented, including why the client declines or refuses to have the vaccination.
15. Any unused vaccines that have been maintained and stored correctly in a validated cool bag for no longer than recommended by the manufacturer can be returned to the storage fridge. These vaccine boxes must be clearly marked when replaced into the storage fridge. Any vaccines that have **not** been maintained in accordance with manufacturer's instructions must be disposed of as the quality and stability of vaccine may have been compromised. This must also be documented at the site of storage.
16. Every patient must be given a patient information leaflet, which must be included in each container, and available for download and printing at:  
<https://www.medicines.org.uk/emc/files/pil.9692.pdf> (Accessed 30.09.2020)

## 5. References:

- PHE (2013) Storage, distribution and disposal of vaccines; the Green Book; Chapter 3.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/223753/Green\\_Book\\_Chapter\\_3\\_v3\\_0W.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223753/Green_Book_Chapter_3_v3_0W.pdf) (Accessed 30.09.2020).
- Mental Capacity Act 2005: Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice
- Pneumococcal: The Green Book. Chapter 25. Version 6; 16.01.2018. Public Health England (PHE). Accessed via:  
<https://www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25> (Accessed 30.09.2020).
- Consent to Examination, Treatment or Care, Principles Underpinning  
[https://icon.torbayandsouthdevon.nhs.uk/corp\\_doc\\_mgmt/Clinical%20Effectiveness/G0356.pdf](https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0356.pdf) .
- Anaphylaxis/ Anaphylactic Shock. [Ref: 0337](#), Version 9.
- Pneumococcal Polysaccharide Vaccine Merck Sharp & Dohme Limited Summary of Product Characteristics (SPC).  
<https://www.medicines.org.uk/emc/product/9692>

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- Torbay and South Devon NHS Foundation Trust (TSDFT). Infection Control Surveillance Policy. [Ref: 0782](#), Version 3.
  - Pneumococcal Polysaccharide Vaccine Merck Sharp & Dohme Limited Patient Information Leaflet. <https://www.medicines.org.uk/emc/files/pil.9692.pdf> (Accessed 30.09.20).

## 6. Appendices

### **Appendix 1**

Pneumococcal Vaccination Assessment Form – Domestic & Residential Setting

### **Appendix 2**

'Pneumococcal polysaccharide vaccine inclusion criteria

### **Appendix 3**

'Visit Feedback Form'

### **Appendix 4**

'Stock Practice and location record'

### **Appendix 5**

List of Authorised Signatures

### **Appendix 6**

Patient Specific Direction (PSD) – patients in domestic or residential setting

## 7. Monitoring tool:

Standards:

Item	%	Exceptions
<p>Equality Statement.</p> <p>The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the <a href="#">Equality and Diversity Policy</a></p>		

**Appendix 1**

**Checklist – Ask all questions and document the answer prior to giving the vaccine**

**Pneumococcal Vaccination Assessment form - Domestic & Residential setting**

Name ..... DOB.....

Address .....

Checklist – Ask all questions and document the answer prior to giving the vaccine.

		<b>Comments</b>
Does the patient fall into any of the stated risk groups (see below Appendix 2)?	State risk group  If the patient does not fall into any risk group consult GP	YES/NO
Is the patient on immunosuppressive therapy e.g. chemotherapy?	If yes, refer to GP	YES/NO
Does the patient have a coagulation disorder?	If yes, refer to GP	YES/NO
Is the patient taking a new anticoagulant, i.e. Dabigatran (Pradaxa®), Apixaban (Eliquis®) or Rivaroxaban (Xarelto®)?	If patient is known to have renal insufficiency, stage 3, 4 or 5, refer to GP	YES/NO
Is patient known to have renal insufficiency?	If patient is known to have renal insufficiency, stage 3, 4 or 5, refer to GP	YES/NO
Is the patient allergic to any component of the vaccine? (see package insert for more info)	Do not administer if answer is yes.	YES/NO
Has the patient ever had a reaction to a drug/injection or insect bite or sting?	If yes, refer to true allergy symptoms below and advise on symptoms of anaphylaxis and action to be taken by patient if anaphylactic symptoms commence.	YES/NO
Has the patient any asthma / hay fever?	If yes, refer to true allergy symptoms below and advise on symptoms of anaphylaxis and action to	YES/NO

	be taken by patient if anaphylactic symptoms commence.	
Is the patient suffering from any other febrile illness or acute infection/ feeling generally unwell /?	If yes please specify and postpone vaccination	YES/NO
In the case of a woman of child bearing age, is she pregnant or breast feeding?	If yes, do not vaccinate – refer to GP	YES/NO
Is the patient currently taking a short course of antibiotics	If yes, advise patient that after receiving the vaccination, they may feel slightly unwell but there is no contra-indication to them receiving it.	YES/NO
Has verbal consent been obtained?	Do not administer if answer is no.	YES/NO

NB – If there are any doubts regarding the procedure or the competence of the registered healthcare practitioner, they must not proceed and must contact the GP.

### **Symptoms of a true allergy**

Any or all of the following symptoms may be present:

Mild-moderate symptoms	Severe symptoms (Anaphylaxis)
Swelling of face, lips and eyes	Swelling of tongue and/or throat
Skin rash (hives, urticaria)	Difficulty in swallowing or speaking
Tingling mouth	Vocal changes (hoarse voice)
Runny / itchy nose, sneezing	Wheeze or persistent cough
Stomach cramps, vomiting	Difficult or noisy breathing
	Stomach cramps or vomiting after an insect sting
	Dizziness / collapse / loss of consciousness (due to a drop in blood pressure)

(A history of a mild stomach upset or headache does not usually constitute ‘allergy’)

**Only continue to give the vaccine if you are happy to do so – consult the GP if in any doubt.**

**DETAILS OF VACCINATION(S) ADMINISTERED**

DATE	Name of registered healthcare practitioner	Signature of registered healthcare practitioner
SITE ADMINISTERED	Apply sticker from syringe to record: VACCINE NAME MANUFACTURER	
SURGERY VACCINE OBTAINED FROM:	EXPIRY DATE BATCH NUMBER	

Post Vaccination advice

Post vaccination advice given	YES/ NO
Localised swelling and redness	YES/ NO
Possible side effects	YES/NO
Fever/high temperature management	YES/ NO
Written information given	YES/ NO

## Appendix 2

### Pneumococcal vaccine inclusion criteria and information:

Clinical risk groups who should receive the pneumococcal immunisation:

Clinical risk group	Examples (decision based on clinical judgement)
All patients aged 65 years and over	
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Chronic respiratory disease	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neuromuscular disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below).
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis.
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs. This does not include diabetes that is diet controlled.

<p>Immunosuppression</p>	<p>Due to disease or treatment, including asplenia or splenic dysfunction and HIV infection at all stages. Patients undergoing chemotherapy leading to immunosuppression. Individuals on or likely to be on 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. However, some immunocompromised patients may have a suboptimal immunological response to the vaccine.</p>
<p>Individuals with cochlear implants</p>	<p>It is important that immunisation does not delay the cochlear implantation.</p>
<p>Individuals with cerebrospinal fluid (CSF) leaks</p>	<p>Including leakage of CSF such as following trauma or major skull surgery. Conditions related to CSF leaks include all CSF shunts.</p>

**Clinical information:**

Required prophylactic antibiotic therapy against pneumococcal infection must not be stopped after pneumococcal vaccination.

Although the relevant manufacturers state that pneumococcal vaccines and ZOSTAVAX® must not be given concurrently, national guidance issued by (Public Health England) PHE is that the vaccines can be given concurrently, as the evidence against this stance was too weak to be sustained. Thus the Trust's position is in accordance with national guidance from PHE, i.e. the vaccines can be given concurrently.

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

Immunological responses may be diminished in patients undergoing immunosuppressant treatment.

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Delay the use of the vaccine in any significant febrile illness, other active infection or when a systemic reaction would pose a significant risk except when this delay may involve even greater risk.

Pneumococcal Polysaccharide Vaccine can be administered simultaneously with seasonal Influenza Vaccine as long as different needles and injection sites are used. It is preferable to give vaccinations in a different limb. If given in the same limb, they must be given at least 2.5cm apart (American Academy of Pediatrics,2003). The vaccine must not be injected intradermally, as injection by that route is associated with increased local reactions.

As with any vaccine, vaccination with Pneumococcal Polysaccharide may not result in complete protection in all recipients.

As with any vaccine, adequate treatment provisions including epinephrine (adrenaline) must be available for immediate use should an acute anaphylactic reaction occur.

Required prophylactic antibiotic therapy against pneumococcal infection must not be stopped after pneumococcal vaccination.

**Patients at a particularly increased risk of serious pneumococcal infection (e.g. asplenic and those who have received immunosuppressive therapy for any reason), must be advised regarding the possible need for early antimicrobial treatment in the event of severe, sudden febrile illness.**

**Appendix 3**

**Pneumococcal Polysaccharide Vaccine 2020/21**

**Multi patient Visit Feedback Form**

Residential Home Name:

Address:

Contact Phone Number:

Name & Signature of the Person(s) confirming the identity of the patients:

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_

Name(s) of patients who were not vaccinated, and the reason?

Is a repeat visit required? Yes/No

Total number of Vaccinations given at this address:

Registered healthcare practitioner (s)  
Name(s) \_\_\_\_\_ Signature(s) \_\_\_\_\_

Date of visit

**Appendix 4**

**Record of Stock Usage for Torbay Area**

**Pneumococcal Polysaccharide Vaccine taken in**

	SPOILT	REFUSED	GIVEN
<b>Paignton Surgeries</b>			
Corner Place Surgery			
Grosvenor Road Surgery			
Mayfield Medical			
Old Farm Surgery			
Pembroke House Surgery			
Withycombe Lodge Surgery			
<b>Torquay Surgeries</b>			
Brunel (Babbacombe)			
Brunel (Shiphay)			
Brunel (St Marychurch)			
Chelston Hall (Abbey Road)			
Chelston Hall (Barton)			
Chelston Hall (Old Mill & Shiphay Manor)			
Chilcote Surgery			
Croft Hall Surgery			
Park Hill Medical Practice			
Sherwell Valley Medical Practice			
Southover Medical Practice			
<b>Brixham Surgeries</b>			
Compass House Medical Centre			
St Lukes & Greenswood			

<b>Newton Abbot &amp; Kingsteignton Surgeries</b>			
Albany Surgery			
Buckland Surgery			
Cricketfield Surgery			
Devon Square Surgery			
Kingsteignton Medical Practice			
<b>Teignmouth &amp; Dawlish Surgeries</b>			
Channel View Medical Group (Channel View Surgery)			
Channel View Medical Group (Bishopsteignton Surgery)			
Channel View Medical Group (Chudleigh Health Centre)			
Channel View Medical Group (The Den Site)			
Channel View Medical Group (Kingsdown Clinic)			
Dawlish Medical Group (Barton Surgery)			
Teign Estuary Medical Group (Glendevon Medical Centre)			
Teign Estuary Medical Group (Riverside Surgery)			
<b>Totnes, Kingskerswell &amp; Ipplepen Surgeries</b>			
Catherine House Surgery			
Leatside Surgery			
Kingskerswell & Ipplepen Health Centres (Kingskerswell)			
Kingskerswell & Ipplepen Health Centres (Ipplepen)			

<b>Dartmouth Surgeries</b>			
Dartmouth Medical Practice			
<b>Bovey Tracey, Ashburton &amp; Buckfastleigh Surgeries</b>			
Ashburton Surgery			
Bovey Tracey & Chudleigh Medical Practice (Riverside)			
Bovey Tracey & Chudleigh Medical Practice (Tower House)			
Buckfastleigh Medical Centre			
<b>TOTALS</b>			

**STOCK TAKEN OUT**



## Appendix 6

**A Patient Specific Direction (PSD) for the administration of PNEUMOCOCCAL POLYSACCHARIDE VACCINE by registered healthcare practitioners (RHCP) employed by the Torbay and South Devon NHS Foundation Trust community Nursing Teams to patients in a domestic or residential setting.**

### **Aim of this Patient Specific Direction (PSD):**

For GPs to authorise registered healthcare practitioners employed by the Torbay and South Devon NHS Foundation Trust, Community Nursing Team to administer PNEUMOCOCCAL POLYSACCHARIDE VACCINE (**Manufacturer MSD**) to the patient named on this authorised administration form in a domestic or residential setting.

### **Clinical Setting in which this PSD Applies:**

This Patient Specific Direction should be used by registered healthcare practitioners employed by Torbay and South Devon NHS Foundation Trust, Community Nursing Teams when administering PNEUMOCOCCAL POLYSACCHARIDE VACCINE to the patient named on this authorised administration form. The patient will be housebound and living in a domestic or residential setting who is deemed to be at high risk of pneumococcal infection. The authorisation form must be signed by a GP.

The reason for vaccination should be discussed with the patient, and informed consent should be obtained before commencing the procedure. A patient information leaflet must be provided to each patient, available at:

<https://www.medicines.org.uk/emc/files/pil.9692.pdf>

PNEUMOCOCCAL POLYSACCHARIDE VACCINE will only be administered in accordance with the standard operating procedure provided alongside this PSD by authorised registered healthcare practitioners, whose name and signature appear on the list provided to the practice. The original list will be held by the authorising manager.

### Authorisation Process:

When it is anticipated that a patient will require **PNEUMOCOCCAL POLYSACCHARIDE VACCINE**, the attached authorisation form should be completed to include the following details: patient name, NHS number, address, telephone number and date of birth. The form must be signed by a GP at the relevant practice and returned to the relevant Community Nursing Team. If additional patients present for pneumococcal vaccination, a form must be completed and signed by the patient's GP before any vaccine may be administered.

<b>This patient specific PSD is for use by registered healthcare practitioners employed within the community Team for patients registered with:</b>									
<b>Enter Practice Name here</b>									
<b>After clinical evaluation which includes assessment of inclusion criteria laid down by PHE and taking into account the vaccine's cautions and contraindications, I instruct members on the list provided to practices from the TSDFT Team and other community teams to vaccinate the following patient who is on my list. Within the administration process, I understand that there is an assessment procedure. I recognise that this in no way removes my clinical and legal responsibility from this instruction.</b>									
<b>Print GP name</b>			<b>GP signature</b>			<b>Date</b>		<b>Practice</b>	
The patient named below is eligible to receive PNEUMOCOCCAL POLYSACCHARIDE VACCINE for <b>pneumococcal infection prophylaxis</b> according to the following dosing schedule: PNEUMOCOCCAL POLYSACCHARIDE VACCINE - Adults (patients over 16yrs) - give 0.5ml by intramuscular injection.									
<b>Patient Name/NHS number</b>	<b>Address/Postcode</b>	<b>DOB</b>	<b>Vaccination assessment form completed?</b>	<b>Consent obtained? Who from?</b>	<b>Vaccine dose, brand name, Batch Number and Expiry</b>	<b>Patient Vaccinated? Yes / No (and reason if not)</b>	<b>Date</b>	<b>Registered Healthcare Professional Signature</b>	<b>Source of Vaccine / Comments / Patient Category etc.</b>
			RHCP to complete	RHCP to complete	RHCP to complete	RHCP to complete	RHCP to complete	RHCP to complete	RHCP to complete
<b>Telephone number</b>									
<b>Extra information re property Access:</b>									

This PSD is applicable for Flu season 2020/21 only

## Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

*This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.*

<b>Ref No:</b>	2005		
<b>Document title:</b>	Pneumococcal Polysaccharide Vaccine SOP		
<b>Purpose of document:</b>			
<b>Date of issue:</b>	2 October 2020	<b>Next review date:</b>	2 October 2021
<b>Version:</b>	5	<b>Last review date:</b>	September 2020
<b>Author:</b>	ADN&PP and Antimicrobial Pharmacist		
<b>Directorate:</b>	Community		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Care and Clinical Policies Group Clinical Director – Pharmacy and Prescribing		
<b>Date approved:</b>	30 September 2020		
<b>Links or overlaps with other policies:</b>	Pneumococcal: The Green Book. Chapter 25. Version 6; 13.01.2020. Public Health England (PHE) accessed via <a href="https://www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25">https://www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25</a> Cold Chain Policy for Medicines and Vaccines Ref: <a href="#">Cold Chain Policy for Medicines and Vaccines G1913</a> Anaphylaxis/Anaphylactic Shock Ref: <a href="#">0337 Version 9</a> Mental Capacity Act 2005 and amendments 2009		

<b>Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.</b>	Yes <input type="checkbox"/>	
	<i>Please select</i> Yes                  No	
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
10 September 2015	1	New	Care & Clinical Policies Group
30 September 2016	2	Revised	Care & Clinical Policies Group
01 October 2018	3	Revised	Care & Clinical Policies Group
12 July 2020	3	Date change	Antimicrobial Pharmacist Clinical Director – Pharmacy and Prescribing
4 October 2019	4	Dates amended on footer and references updated	Governance Pharmacist and Medication Safety Officer System Director of Nursing and Professional Practice (Torbay)
2 October 2020	5	Revised	Clinical Director – Pharmacy and Prescribing Care and Clinical Policies Group

## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/mental-capacity-act/Pages/default.aspx>

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

## Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

<b>Policy Title (and number)</b>	<b>Admin of Pneumococcal Vaccine</b>	<b>Version and Date</b>	V2
<b>Policy Author</b>	Antimicrobial Pharmacist		
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.			
<b>EQUALITY ANALYSIS:</b> How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
<b>Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)</b>			
Age	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'. Eligibility Criteria defined by NHS England</b>			
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language <sup>5</sup> used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible <sup>6</sup> ?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?			
<b>EXTERNAL FACTORS</b>			
<b>Is the policy/procedure a result of national legislation which cannot be modified in any way?</b>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)			
Annual Guidance provided nationally on requirements.			
<b>Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?</b>			
Pharmacy, Community Nurse Leads, Associate Director of Nursing			
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts			
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
<b>Name of person completing the form</b>	Associate Director of Nursing	<b>Signature</b>	
<b>Validated by (line manager)</b>		<b>Signature</b>	

**Please contact the Equalities team for guidance:**

For Devon CCG, please email [d-ccg.equalityanddiversity@nhs.net](mailto:d-ccg.equalityanddiversity@nhs.net) & [d-ccg.QEIA@nhs.net](mailto:d-ccg.QEIA@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pdf.sdht@nhs.net](mailto:pdf.sdht@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**

## Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.