| | | |
|---|---|---|
| Title: | **HEPATITIS B IMMUNISATION FOR ADULTS EXPOSED TO AN INCREASED RISK OF INFECTION POLICY** | Ref No: 1920 Version 5 |
| | | Classification: Policy |
| Directorate: | Community | |
| | | Due for Review: 09-12-2018 |
| Responsible for review: | Karen Bennett, Clinical Lead Torbay Drug and Alcohol Service | Document Control |
| Ratified by: | Care and Clinical Policies Group<br>Paul Foster, Clinical Director of Pharmacy | |
| Applicability: | All nursing and medical staff employed within the Torbay Drug & Alcohol Service | |

**Contents**



## 1 Purpose

1.1 Transmission of Hepatitis B through injecting drug use is a major public health problem. Injecting drug users who have not been protected by hepatitis B immunisation are at high risk of acquiring and subsequently transmitting Hepatitis B immunisation are at high risk of acquiring and subsequently transmitting Hepatitis B (17.5 and 17.8).

## 2 Introduction

2.1 This document summarises the Trust position on the immunisation of service users coming into contact with substance misuse services and consenting to a hepatitis B immunisation.

2.2 This policy is of particular relevance to known intra-venous drug users, but immunisation should be offered to all users of Torbay Drug & Alcohol Service

2.3 This policy is set within the context of the NMC code of professional conduct and accountability. (17.9)

2.4 All standards to be followed are as out set in Immunisation against Infectious disease (DOH 2009). (17.7)

## 3 Roles and Responsibilities

3.1 This policy refers to registered nurses and medics working within Torbay and South Devon NHS Foundation Trust (TSDFT), Substance Misuse Services. It is recognised that doctors will not always be present in the building whilst nurses immunise service users.

3.2 The nurse/medic administering the vaccine has a responsibility to ensure that there is a valid prescription in place. The prescription should be completed by the patients prescribing doctor or non-medical prescriber. The vaccine cannot be administered without a current, signed prescription from a qualified prescriber.

3.3 In the case of a prescription being used: the prescriber has a responsibility to ensure that the prescription clearly indicates the client's name, case number and date of birth (or age). It is the prescriber's responsibility to ensure that these are accurate. It is the prescriber's responsibility to ensure that the correct immunisation schedule is indicated and that the correct dose and frequency of immunisation is prescribed. The prescription must be dated and signed by the prescriber in indelible black ink prior to vaccine administration. The prescription must state clearly the route of administration, in the case of Hepatitis B immunisation this is intramuscular.

3.4 As the fourth dose of Hepatitis B immunisation on the rapid and accelerated schedules is some months after the initial three doses there needs to be a separate prescription or record sheet for this. It is the nurse/medic administering the vaccine who needs to ensure that this prescription or record sheet is in place prior to administering this fourth dose.

3.5 If the administration schedule is changed from rapid to accelerated or standard the prescription must be changed to accommodate this before administration of this immunisation schedule. It is the responsibility of the nurse/medic administering the vaccine to ensure that the prescription has been rewritten by the prescriber prior to administering any further doses of vaccine.

3.6 The approved prescription sheets – prescription and medication administration record (P-MAR)(appendix 4) are to be used for this purpose.

3.7 It is essential that informed consent to immunise is obtained prior to any vaccine being administered. The pre immunisation assessment (appendix 2 and 3) will assist with this process. Under no circumstances should any vaccine be administered without the patients informed consent and without completing the pre vaccination assessment process. This consent does not need to be in writing but the pre immunisation discussion and agreement to have vaccination does need to be clearly documented in the patients record (17.7, 17.9 and 17.12).

## 4 Obtaining and storing the vaccinations

4.1 Stock medicines for use in clinics and community hospitals may be obtained by authorised members of staff from the TSDFT Pharmacy Department at Torbay Hospital, according to the 'Standard Operating Procedure for ordering of Medicines (17.12)

4.2 The pharmacy order must be signed by a designated / named senior nurse in the Team.

4.3 The drugs on a community clinic's stock list must be previously agreed with the Deputy Chief Pharmacist, TSDFT Pharmacy Department and the Service Manager for TSDFT Drug & Alcohol Service.

4.4 A separate identified lockable medical refrigerator must be available to be used exclusively for the storage of vaccinations requiring cold storage between 2-8 degrees Celsius.

4.5 The refrigerator must be kept locked at all times

4.6 The temperature of the refrigerator must be monitored and recorded daily on the designated form when in use, using a maximum/minimum thermometer and the refrigerator should be cleaned regularly and records kept, as per the TSDFT Policy for maintenance of cold chain in handling of medicines requiring cold storage and associated SOP.

## 5 Target Group

5.1 The identified at risk group includes, current or past injectors, those at risk of becoming injectors and those in close contact with injectors, i.e. sexual partners or living with an injector (17.5 and 17.7).

5.2 All adult drug using residents of Torbay will be eligible for hepatitis B immunisation. All clients will receive an assessment of their hepatitis B status at the commencement of treatment and will be offered hepatitis B immunisation at the outset of treatment.

5.3 Clients with chronic liver disease or with HIV infection or hepatitis C should not be precluded from immunisation against hepatitis B. Clients with hepatitis are at further risk of infection from hepatitis B; co-infection with hepatitis B may accelerate hepatitis C-related liver damage, as may alcohol use.

5.4 It is therefore important to ensure that clients with hepatitis C who have not been infected with hepatitis B are offered hepatitis B immunisation (17.6).

## 6 Immunisation schedules

6.1 The preferred immunisation schedule when vaccinating drug users against hepatitis B is the rapid immunisation schedule (see appendix 1). This schedule is most suited to drug users, who are at a very high risk of hepatitis B exposure and require full immunisation within a short period of time.

It is noted that some clients may enter drug treatment having partially completed hepatitis B vaccination elsewhere; in such instances alternative Immunisation schedules can be followed in order to complete the Immunisation course.

**In all other instances however, nurses/medics will commence vaccination according to the rapid immunisation schedule.**

6.2 Whilst every effort should be made to adhere to a schedule, the Department of Health makes the following statement: -

*Where compliance with a more prolonged schedule is difficult to achieve (e.g. in IDUs and genito-urinary medicine clinic attenders), higher completion rates for three doses at zero, one and two months have been reported. (17.7)*

Alternative immunisation schedules can therefore be switched to in cases where the client's compliance is such that the rapid immunisation schedule cannot be completed. (See appendix 1 accelerated immunisation schedule and standard immunisation schedule).

6.3 In cases of poor compliance to the immunisation schedule, should the nurse/medic be unsure as to how to proceed, she/he should seek advice regarding the scheduling of further doses of vaccine from the clinical lead for the service.

## 7 Administration of vaccine

7.1 The Hepatitis B immunisation checklist form will be adhered to prior to immunisation every time the nurse gives a dose of vaccine (refer to appendix 3).

7.2 The expiry date of the vaccine should always be checked before immunising the client and the batch number and expiry date recorded on the prescription / record form.

7.3 Prior to immunisation, the vaccine should be shaken and visually inspected for any colour variation or particulate matter. Once shaken, the vaccine is slightly opaque.

7.4 Immunisation will be carried out in accordance with local infection control protocols.

7.5 For adults, Engerix B ® should be given intramuscularly in the deltoid region of the arm. It should be noted that the buttock must not be used because vaccine efficacy may be reduced (17.7). (In patients with haemophilia, where there is a risk of bleeding, subcutaneous injection may be used.) The site where the vaccination is given should be recorded.

7.6 It is noted that if anaphylaxis does occur, it is most likely to do so within 5 minutes following immunisation, and the majority of adverse reactions to an immunisation will occur within two minutes (17.11). The client's physical state should be checked once vaccine is given. Nurses will always explain to clients the risks of delayed anaphylaxis.

## 8 Recording

8.1 The vaccine, product name, batch number, expiry date, dose administered site of administration, date and time of administration must be recorded accurately on the relevant prescription form (appendix 4) at the time of administration.

8.2 This information should then be scanned onto the clients electrical clinical notes within the substance misuse service and a letter sent to their GP (appendix 6) to inform them that the client has received this immunisation in order that they may update their records.

## 9 Post Vaccination advice and information.

9.1 The nurse/medic will provide the client with a reminder card detailing the date of their next vaccination / follow up blood test and ensure that the client is aware of the venue for this.

9.2 A letter will be sent to the clients GP advising of completion of the course of vaccination and/ or any follow up arrangement required in the instance of an incomplete course being administered. The client will need to give their consent for this prior to being vaccinated but this should not preclude them from receiving the vaccination.

9.3 Advice re: safer injecting, reducing risk of infection and condom use should be given to the client in conjunction with the vaccination.

## 10. Contra-indications

10.1 Care must be taken to ensure that no contra-indications are present and Engerix B ® product guidelines state the following:

10.2 Engerix B ® should not be given to those with an acute febrile condition. The nurse/medic administering the vaccine needs to check the clients temperature if concerned. (Minor infections without fever or general upset are not reasons to postpone vaccination).

10.3 It should not be given to those with a known hypersensitivity to any component of the vaccine or to clients showing signs of hypersensitivity after previous Engerix B ® administration.

10.4 It should not be given to those who have a definite history of a severe local or general reaction to a preceding dose. The following reactions should be regarded as severe:

**Local:** An extensive area of redness and swelling which becomes indurated and involves a major part of the circumference of the upper arm.

**General:** Fever equal to or more than 39.5°C within 48 hours of vaccine; Anaphylaxis; bronchospasm; laryngeal oedema; generalised collapse. Prolonged unresponsiveness; convulsions or Encephalopathy occurring within 72 hours.

10.5 Any adverse reaction must be reported to the dispensing pharmacist, prescriber and manufacturer immediately. This should be reported as an incident on Datix and the Yellow card in the British National Formulary must be completed by the prescriber or nurse administering the vaccine via the PGD (17.12).

## 11. Precautions and warnings

11.1 In HIV infected patients, as also in haemodialysis patients and persons with an impaired immune system, adequate anti-HBs antibody titres may not be obtained after the primary immunisation course and such patients may therefore require additional doses of vaccine (17.7).

11.2 Because of long incubation period of Hepatitis B, infection may be present at the time of immunisation. If so, immunisation may be ineffective.

## 12. Pregnancy and lactation

12.1 The immunisation of pregnant at risk women will be considered after consultation with the Consultant or Medical Officer.

12.2 The effect of hepatitis B on foetal development has not been assessed. Sources state that no risks to the foetus from maternal vaccination have been reported (17.1) and information available on the outcome of those immunised during pregnancy does not reveal any cause for concern. Hepatitis B infection in pregnant women may result in severe disease for the mother and chronic infection of the new born. Immunisation should not be withheld from a pregnant woman if she is in the high risk category (17.7).

12.3 The immunisation of women who are breast feeding will only be considered after consultation with the Consultant or Medical Officer.

12.4 No information is available regarding the use of Engerix B ® in lactation, but American literature indicates that the vaccine is not contraindicated during lactation (17.1). This view is supported by the Department of Health (17.7).

## 13 Adverse reactions

13.1 Nurses should be aware of possible adverse reactions, associated with the Engerix B ® vaccine.

13.2 **Common**

Engerix B ® vaccine is generally well tolerated and the most common reactions, occurring in up to half of vaccines, are mild transient local soreness, erythema (superficial redness of the skin) and or induration (hardening) at the injection site. These symptoms usually resolve within 2-3 days and would not normally be a contra-indication to administration of further doses of vaccine.

13.3 **Rare**

Body as a whole: fatigue, fever, malaise, influenza- like symptoms
Central and peripheral nervous system: dizziness, headache, paraesthesia
Gastro-intestinal system: nausea, vomiting, diarrhoea, abdominal pain
Liver and biliary system: abnormal liver function tests
Musculoskeletal system: arthralgia, myalgia
Skin and appendages: rash, pruritis, urticaria

13.4 **Very rare**

Body as a whole: anaphylaxis, serum sickness
Cardiovascular: syncope, hypotension
Central and peripheral nervous system: paralysis, neuropathy, neuritis (including Guillain-Barre syndrome, optic neuritis and multiple sclerosis), Encephalitis, encephalopathy, meningitis, convulsions
Musculoskeletal system: arthritis
Respiratory system: bronchospasm like symptoms
Skin and appendages: angioedema, erythema multiforme
Vascular extracardiac: vasculitis
White cell and reticulo-endothelial system: lymphadenopathy

13.5 Although documented reactions to immunisation are rare, an anaphylactic shock pack **containing adrenaline 1:1000 (1mg/ml) must be available at every immunisation session** (17.11).

13.6 In the event of an anaphylactic reaction to immunisation, adrenaline should be administered, 999 call made for emergency assistance, and if required, basic life support started.

13.7 Adrenaline will be administered in accordance with current TSDFT anaphylaxis protocols.

13.8 Any reaction to immunisation should be recorded and reported in line with TSDFT incident reporting procedure and documented in the case file.

## 14 Handling of vaccine

14.1 Vaccines will be handled and stored in accordance with the TSDFT Policy for maintenance of cold chain in handling of medicines requiring cold storage and SOP. and in line with guidelines from public health (17.12).

14.2 Glaxo Smith Kline recommend that Engerix B ® vaccine should be stored between 2º c and 8º c but not frozen, and protected from light.

## 15 Training and Supervision

15.1 All nurses administrating the vaccine will receive training and be competent in all aspects of Hepatitis B immunisation.

15.2 Nurses will attend resuscitation and anaphylaxis training annually.

## 16 Monitoring and Auditing

16.1 Resuscitation equipment will be checked prior to every vaccination session and on a weekly basis for proper working order and expiry dates by a nominated staff member, who will keep a written record of this. Oxygen will be checked on a weekly basis.

16.2 An audit of the Hepatitis Immunisation Programme will be undertaken utilising the NDTMS fields on HALO.

16.3 Training: - nurses' attendance at anaphylaxis and resuscitation training will be monitored in accordance with TSDFT mandatory training guidelines.

## 17 References

17.1 Briggs GG, Freeman RK, Yaffe SH, (2002) Drugs in Pregnancy and Lactation Sixth Edition p1413/v

17.2 CDC. Hepatitis B virus: a comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination. Recommendations of the Immunization Practicies Advisory Committee (ACIP). MMWR 1991,:40 (No. RR-13):1-25. Cited in Briggs et all. (2003) above.

17.3 Communicable Disease and Public Health Vol 2 No 3 Sept 1999 pg 154-156

17.4 Cunningham R (2000) "Hepatitis B: vaccination and current treatment" Prescriber 5 April 2000

17.5 Department of Health (2007) Drug misuse and dependence guidelines on clinical management. London: The Stationary Office.

17.6 Guidance for the prevention, testing and management of hepatitis C in primary care (appendices on hepatitis A and B vaccination guideance) RCGP (2007).

17.7 Immunisation against infectious diseases – www.dh.gov.uk/greenbook (updated 2009) chapters 2, 3, 4, 17, 18.(Last viewed 28/10/2016)

17.8 National Treatment Agency (2006). Models of Care Update, Department of Health.

17.9 NMC code of professional conduct: standards for conduct, performance and ethics (2008)

17.10 Royal College of Nursing, (1999). Administration of Medicines – Immunisations. (093). RCN website (www.rcn.org) 5 November 1999. [Cited in Vaccine Administration Taskforce (2001). "UK Guidance on Best Practice in Vaccine Administration", Shire Hall Communications.]

17.11 TSDFT: Anaphylaxis & anaphylactic shock protocol. 0037 – Version 3

17.12 TSDFT: Medicines Policy for Registered Professional (1927)

17.13 TSDFT: Cold Chain Policy 1913

## 18 Equality and Diversity

18.1 This document complies with the South Devon Healthcare Foundation Trust and Torbay and Southern Devon Health and Care NHS Trust Equality and Diversity statements.

## 19. Further Information

19.1 Links to policies.

19.2 Best Practice Information.

19.3 Forms/Recording Documentation

## 20. Appendices

**Appendix 1 - Rapid Immunisation Schedule**

**Appendix 2 - Hepatitis B Vaccination Assessment – Part 1**

**Appendix 3 - Hepatitis B vaccination assessment – Part 2**

**Appendix 4 – P-MAR**

**Appendix 5 - Flow Chart for Hepatitis B Vaccination and Follow-up**

**Appendix 6 – GP letter advising of vaccination**

**Appendix 1**

**Rapid immunisation schedule** – 4 doses of Engerix B ® vaccine

| | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Blood test |
|---|---|---|---|---|---|
| **Day of vaccination:** | Day 0 | Day 7 | Day 21 | Month 12 | Month 14 |
| **Time interval between doses:** | | 7 days after dose 1 | 14 days after dose 2 | 12 months after dose 3 | 2 months after dose 4 |
| **Dose containing:** | 20 micrograms of Engerix B ® vaccine | 20 micrograms of Engerix B ® vaccine | 20 micrograms of Engerix B ® vaccine | 20 micrograms of Engerix B ® vaccine | Blood test to check immune response |

**Accelerated immunisation schedule** – 4 doses of Engerix B ® vaccine

| | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Blood test |
|---|---|---|---|---|---|
| **Day of vaccination:** | Day 0 | Month 1 | Month 2 | Month 12 | Month 14 |
| **Time interval between doses:** | | One month after dose 1 | One month after dose 2 | 12 months after dose 3 | 2 months after dose 4 |
| **Dose containing:** | 20 micrograms of Engerix B ® vaccine | 20 micrograms of Engerix B ® vaccine | 20 micrograms of Engerix B ® vaccine | 20 micrograms of Engerix B ® vaccine | Blood test to check immune response |

**Routine schedule** – 3 doses of Engerix B ® vaccine

| | Dose 1 | Dose 2 | Dose 3 | Blood test |
|---|---|---|---|---|
| **Day of vaccination:** | Day 0 | Month 1 | Month 6 | Month 8 |
| **Time interval between doses:** | | 1month after dose 1 | 5 months after dose 2 | 2 months after dose 3 |
| **Dose containing:** | 20 micrograms of Engerix B ® vaccine | 20 micrograms of Engerix B ® vaccine | 20 micrograms of Engerix B ® vaccine | Blood test to check immune response |

**Appendix 2**

# Hepatitis B vaccination assessment – Part 1

| | |
|---|---|
| **Client name/ DOB** | |
| **NHS number** | |
| **Agency name** | |

## A Discussion with client

1 Does the client have an understanding of hepatitis B virus? Yes No

2 Please summarise your discussion with the client, why they are potentially at risk and whether vaccination is indicated (at risk includes current or past injectors, those at risk of initiation into injecting, those in close contact / living with current or past injectors, sex working / having unprotected sex)

3 Is vaccination indicated? Yes No

**If vaccination is not indicated at this time please reassess in three months**

## B Clients choice(s)

4 Does the client wish to be vaccinated? Yes No

5 If client declines vaccination, please explain why

**If client declines vaccination but is identified as at risk provide information on risk of BBVs and transmission / prevention and review at next appointment – Follow up with advice letter**

**If client accepts vaccination then complete part 2 of the vaccination assessment prior to vaccinating**

## C Action taken in support of client's choice

6. **Commenced vaccination programme**

**Date started**

7 **Declined vaccination programme, please confirm:**

Client received verbal information on hepatitis B yes / no
Client received leaflet regarding hepatitis B yes / no

Plan to review HBV vaccination / risk with client on (date):

| **Completed by** | **Date** |
|---|---|

**Appendix 3**

# Hepatitis B vaccination assessment – Part 2

**Pre vaccination Checklist**

| | |
|---|---|
| **Client name/ DOB** | |
| **NHS number** | |
| **Agency name** | |

**1 Has the client been immunised against hepatitis B before?**

YES ☐ → Check whether client completed a full course of vaccination. (Protective immunity after a full course of immunisation lasts approximately 5 years). Offer a blood test to check immune status.

NO ☐ → Continue

**3 Does the client have a history of hepatitis and/or jaundice? Yes**

**Cause unknown** ☐ → Offer a blood test to check immune status

**Hepatitis B** ☐ → Not necessary to vaccinate

**Hepatitis A or C** ☐ → Continue

**HIV** ☐ → Continue

**No History** ☐ → Continue

**4 Is the client suffering from an acute illness, sore throat or high temperature now or have they done so during the past week?**

**YES** ☐ → Check temperature, if still above normal range Immunisation should be postponed until fully recovered

**NO** ☐ → Continue

**5 The following ingredients are contained in Engerix B vaccine; Aluminium oxide hydrated, yeast proteins, thiomersal, polysorbate 20, sodium chloride, disodium phosphate, dehydrate, sodium dihydrogen phosphate, water for injection and Hepatitis B surface antigen.**

In order to establish whether the client has a known allergic reaction to any component of the vaccine, ask the client to disclose any known allergies.

**Does the client have a known allergic reaction to any component of the Vaccine or history of renal insufficiency?**

**YES** ☐ → Do NOT vaccinate

**NO** ☐ → Continue

**6 Has the client ever experienced an unacceptable adverse local or general reaction to any preceding dose of hepatitis B immunisation?**

| | | |
|---|---|---|
| **UNSURE** | ☐ → | If there is any doubt, defer immunisation and seek guidance from medical staff |
| **YES** | ☐ → | Do NOT vaccinate |
| **NO** | ☐ → | Continue |

**7 (Female clients only) Clarify whether the client is pregnant?**

| | | |
|---|---|---|
| **UNSURE** | ☐ → | Defer vaccination until situation can be clarified<br>If client opts to have pregnancy test, advise her to have the test no less than 1week after a missed period, to reduce the chances of a false negative result. |
| **YES** | ☐ → | Defer vaccination, and liaise with Consultant or Medical Officer to establish whether immunisation is appropriate. |
| **NO** | ☐ → | Continue |

**8 Has the client given verbal informed consent to course of vaccination, and follow up, including reminder letters?**

| | | |
|---|---|---|
| **YES** | ☐ → | Continue |
| **NO** | ☐ → | Do not vaccinate if client is unable or unwilling to give informed consent |

**9 Does the client agree to a letter being sent to his/her GP, clarifying details of immunisation, following either completion of immunisation or discharge from this service?**

**YES** ☐ **NO** ☐

**10 Give client record card with due dates of future vaccinations. At 4th injection give date for follow up blood test. Give information re; reduction of risk, (condom use and needle exchange provision).**

Date: _____Completed by:

**IMPORTANT NOTE**
**Before giving each subsequent dose of vaccination i.e. 2nd, 3rd and 4th injections, ensure you repeat questions 4, 6 and 7**

| Date | Time | Site (Where appropriate) | Batch Number | Expiry date | Signature |
|---|---|---|---|---|---|
| | | | | | |

**Appendix 4**

# PRESCRIPTION AND MEDICATION ADMINISTRATION RECORD FOR USE IN THE COMMUNITY SETTING

| **Name:**<br>**Or insert label** | **Team:** |
|---|---|
| **NHS No:** | **Allergies/Sensitivities:** |
| **Date of Birth:** | **Weight:** |

## PRESCRIPTION

| Date | Medication | Dose | Route | Frequency | Prescriber |
|---|---|---|---|---|---|
| | | | | | **Signature:**<br><br>**Print Name:** |

Only one medication to be written on this prescription chart.
Please ensure this prescription is reviewed on completion of this medication record and **at least six monthly.**

## MEDICATION ADMINISTRATION RECORD

| Date | Time | Site (Where appropriate) | Batch Number | Expiry date | Signature |
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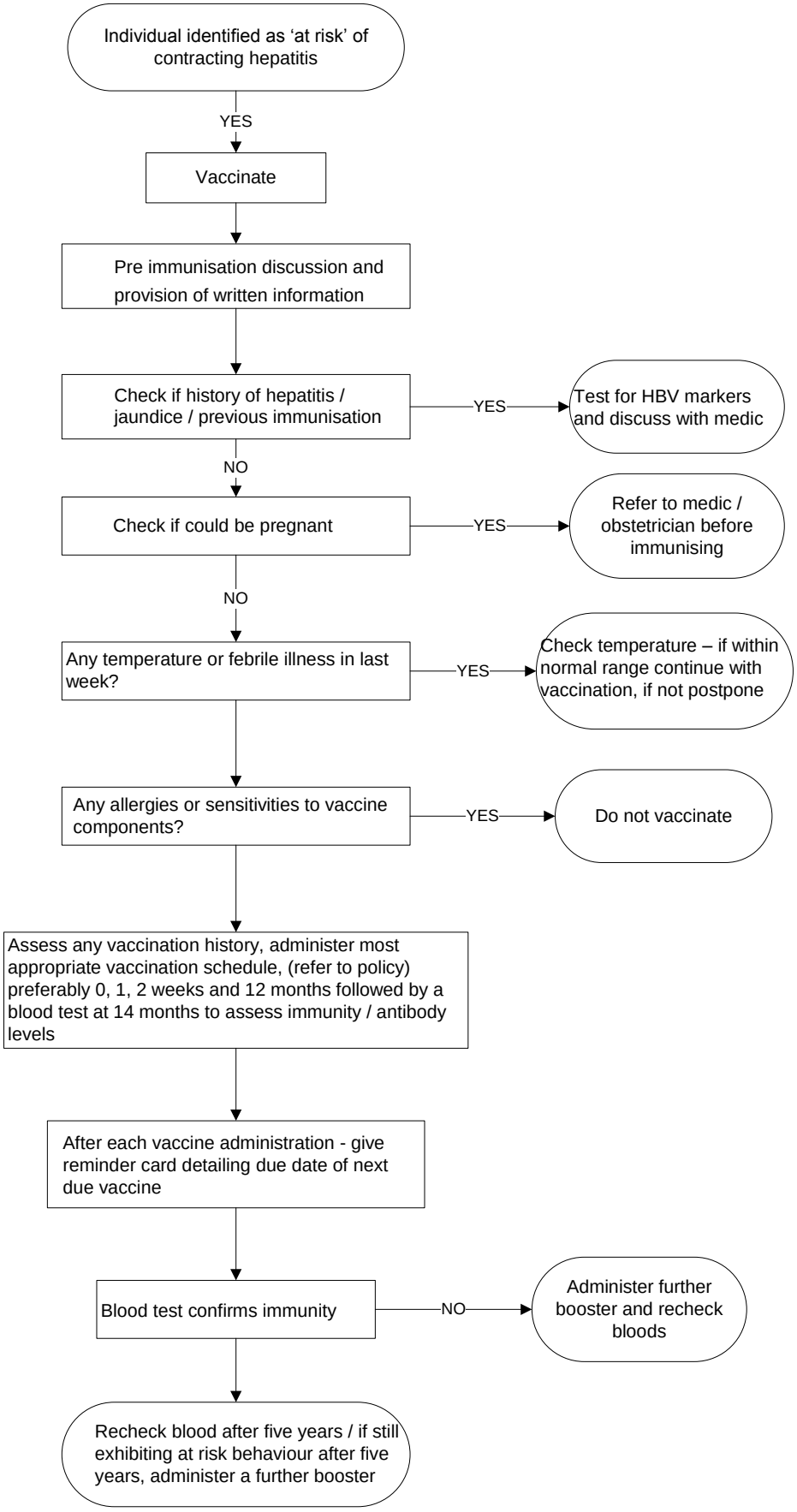
**Please check this is the only medication you will be administering and there is not additional current Prescription/Medication Administration Record.**

**Appendix 5**

# Flow Chart for Hepatitis B Vaccination and Follow-up



**Appendix 6**

**GP letter advising of vaccination**

GP name / address
Torbay Drug & Alcohol Service
Walnut Lodge
Walnut Road
Chelston Torquay
TQ2 6HP

01803 604330

Date

***Re: client name / address / DOB/ NHS No***

This patient has received .....doses of hepatitis B vaccine at....., the last dose was administered on.....
They are due a further vaccination / blood test (delete as appropriate) on .....

Enclosed for your records is a copy of the prescription sheets with details of the dates administered, batch numbers and expiry dates.

Please contact us with any queries.

Yours Sincerely,

(NAME)
(DESIGNATION)

**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.*

| | | | |
|---|---|---|---|
| **Ref No:** | 1920 | | |
| **Document title:** | Hepatitis B immunisation for adults exposed to an increased risk of infection with Substance Misuse Services Policy | | |
| **Purpose of document:** | To provide cleat guidance to nursing and medical staff within the Torbay Drug & Alcohol Service regarding the process for Hepatitis B immunisation | | |
| **Date of issue:** | 09 December 2016 | **Next review date:** | 09 December 2018 |
| **Version:** | 5 | **Last review date:** | |
| **Author:** | Karen Bennett | | |
| **Directorate:** | Public Health | | |
| **Equality Impact:** | 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 | | |
| **Committee(s) approving the document:** | Care & Clinical policies sub-group<br>Paul Foster, Clinical Director of Pharmacy | | |
| **Date approved:** | 16/11/16 | | |
| **Links or overlaps with other policies:** | Pharmalogical Management of Substance Misuse in the Community Prescribing Guidelines 1893<br>Blood Borne Virus testing policy for Substance Misuse Services 1847<br>Anaphylaxis & anaphylactic Shock Protocol 0037 – Version 3 Operating Policiy (No Number)<br>Injectable Medicines Policy for Registered Professionals 1923<br>SOP Hepatitis B Immunisation order/receipt/recording keeping procedure; SOP1866 Hepatitis B Immunisation Procedure 1992<br>Cold Chain Policy 1913 | | |

| | *Please select* | |
|---|---|---|
| | *Yes* | *No* |
| **Have you considered using Equality Impact Assessment?** | ☒ | ☐ |
| **Does this document have implications regarding the Care Act?**<br>*If yes please state:* | ☐ | ☒ |
| | | |
| **Does this document have training implications?**<br>*If yes please state:* | ☒ | ☐ |
| | | |
| **Does this document have financial implications?**<br>*If yes please state:* | ☐ | ☒ |
| | | |
| **Is this document a direct replacement for another?**<br>*If yes please state which documents are being replaced:* | ☐ | ☒ |
| | | |

**Document Amendment History**

| Date | Version no. | Amendment summary | Ratified by: |
|---|---|---|---|
| 21 July 2016 | 2.0 | Review | VC |
| 12 July 2012 | 3.0 | Review | VC |
| 17 Oct 2014 | 4.0 | Review | KB |
| 09 December 2016 | 5 | Revised | Care and Clinical Policies Group<br>Paul Foster, Clinical Director of Pharmacy |

## 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 iCare

http://icare/Operations/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.

## Quality Impact Assessment (QIA)

| | *Please select* | | | |
|---|---|---|---|---|
| **Who may be affected by this document?** | Patient / Service Users | ☒ | Visitors / Relatives | ☐ |
| | General Public | ☐ | Voluntary / Community Groups | ☐ |
| | Trade Unions | ☐ | GPs | ☐ |
| | NHS Organisations | ☐ | Police | ☐ |
| | Councils | ☐ | Carers | ☐ |
| | Staff | ☒ | Other Statutory Agencies | ☐ |
| | Others *(please state):* | | | |

| | |
|---|---|
| Does this document require a service redesign, or substantial amendments to an existing process? No | ☐ |
| *If you answer yes to this question, please complete a full Quality Impact Assessment.* | |

| | | | | |
|---|---|---|---|---|
| **Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?** | Age | ☐ | Disability | ☐ |
| | Gender re-assignment | ☐ | Marriage and Civil Partnership | ☐ |
| | Pregnancy and maternity | ☐ | Race, including nationality and ethnicity | ☐ |
| | Religion or Belief | ☐ | Sex | ☐ |
| | Sexual orientation | ☐ | NONE | |
| *If you answer yes to any of these strands, please complete a full Quality Impact Assessment.* | | | | |
| **If applicable, what action has been taken to mitigate any concerns?** | | | | |

| | | | | |
|---|---|---|---|---|
| **Who have you consulted with in the creation of this document?**<br><br>*Note - It may not be sufficient to just speak to other health & social care professionals.* | Patients / Service Users | ☒ | Visitors / Relatives | ☐ |
| | General Public | ☐ | Voluntary / Community Groups | ☐ |
| | Trade Unions | ☐ | GPs | ☐ |
| | NHS Organisations | ☒ | Police | ☐ |
| | Councils | ☐ | Carers | ☐ |
| | Staff | ☒ | Other Statutory Agencies | ☒ |
| | Details *(please state):* | | | |

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

| | | | |
|---|---|---|---|
| **Policy Title** (and number) | ***Policy: Hepatitis B Immunisation for Adults exposed to Increased Risk of Infection withSubstance Misuse Services: 1920*** | **Version and Date** | *V5 November 2016* |
| **Policy Author** | Karen Bennett | | |

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.

**EQUALITY ANALYSIS:** How well do people from protected groups fare in relation to the general population?
***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***

**Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)**

| | | | | | |
|---|---|---|---|---|---|
| Age | Yes ☐ No☒ | Disability | Yes ☐ No☒ | Sexual Orientation | Yes ☐ No☒ |
| Race | Yes ☐ No☒ | Gender | Yes ☐ No☒ | Religion/Belief (non) | Yes ☐ No☒ |
| Gender Reassignment | Yes ☐ No☒ | Pregnancy/ Maternity | Yes ☐ No☒ | Marriage/ Civil Partnership | Yes ☐ No☒ |

| | |
|---|---|
| **Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population?** (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees) | Yes ☐ No☒ |

**Please provide details for each protected group where you have indicated 'Yes'.**

**VISION AND VALUES:** Policies must aim to remove unintentional barriers and promote inclusion

| | |
|---|---|
| Is inclusive language[5] used throughout? | Yes ☒ No☐ |
| Are the services outlined in the policy/procedure fully accessible[6]? | Yes ☒ No☐ |
| Does the policy/procedure encourage individualised and person-centered care? | Yes ☒ No☐ |
| Could there be an adverse impact on an individual's independence or autonomy[7]? | Yes ☐ No☒ |

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

**EXTERNAL FACTORS**

| | |
|---|---|
| **Is the policy/procedure a result of national legislation which cannot be modified in any way?** | Yes ☐ No☐ |

**What is the reason for writing this policy?** (Is it a result in a change of legislation/ national research?)

Review of existing Policy

**Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?**

**ACTION PLAN:** Please list all actions identified to address any impacts

| Action | Person responsible | Completion date |
|---|---|---|
| | | |
| | | |

**AUTHORISATION:**
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

| | | | |
|---|---|---|---|
| **Name of person completing the form** | Karen Bennett | **Signature** | |
| **Validated by (line manager)** | Graham Shiels | **Signature** | |

**Please contact the Equalities team for guidance:**
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
**This form should be published with the policy and a signed copy sent to your relevant organisation.**