

Standard Operating Procedure no. 1866	
Title: Hepatitis B Immunisation ordering / receipt / record keeping Procedure (Substance Misuse Service)	
Prepared by: Karen Bennett	
Presented to: Care & Clinical Policies Sub Group	Date: 16/11/2016
Ratified by: Care & Clinical Policies Sub Group	Date: 16/11/2016
	Review date: 02/12/2018
Relating to policies:	Hepatitis B immunisation policy (substance misuse); CL114.1 Hep B Immunisation procedure 1920 . Medicines Policy for Registered Professional 1927 . Hepatitis B immunisation policy (substance misuse) 1920 . BBV testing policy (substance misuse) 1847 Anaphylaxis & anaphylactic shock protocol 0337 Version 7 Cold Chain Policy 1913

- 1. Purpose of this document:** This procedure states the method and process for record keeping in relation to Hepatitis B immunisation within the Torbay Drug & Alcohol Service
- 2. Scope of this SOP:** - Applicable to all nursing and medical staff working within the Torbay Drug and Alcohol Service.
- 3. Competencies required:**

All nursing and medical staff working to this SOP will undergo training in record keeping in regards to Hepatitis B immunisation.

All nurses and medics will have knowledge of the 'Immunisation against infectious disease' manual (DOH 2009) available online at www.dh.gov.uk (last accessed 28/10/16)

All nurses and medics will have awareness of the Nursing and Midwifery Council Standards for Record Keeping.

The nurse will have knowledge of TSDFT policy on safe storage of medicines, available on the Trust public website

Everyone who is involved in vaccination receipt, storage and handling must be trained in the appropriate method of documentation for receipt of immunisations and vaccine administration.

Patients covered – all service users presenting to the Torbay Drug & Alcohol Service will be offered vaccination which is recorded accurately according to this SOP.

4. Procedure / Steps:

1. The Torbay Drug & Alcohol Service Manager will ensure that all nursing and medical staff are fully aware and up-to date with this Standard Operating Procedure (SOP), including recording that the staff member has read and understood this SOP.
2. A reference copy of this SOP will be kept in a designated easily accessible file within the Torbay Drug & Alcohol Service and online on the Trusts public website.
3. There will be a named person who is responsible for ordering, receipt and safe storage of vaccines. There should be a designated person to cover in times of absence.
4. There will be a designated record keeping book kept in the clinic room within the Torbay Drug & Alcohol Service. This book will be for the purpose of all record keeping pertaining to Hepatitis B vaccine.
5. Hepatitis B vaccine is a stock medicine for use in the substance misuse service and is obtained by authorised members of staff from the TSDFT Pharmacy Department at Torbay Hospital, according to the 'Standard Operating Procedure for ordering of Medicines. The drugs on the community clinic's stock list are previously agreed with the Chief Pharmacist, TSDFT Pharmacy Department and the service manager. (The vaccine routinely used for hepatitis B immunisation will be Engerix B ®).
6. When checking the refrigerator daily the named / designated person must note the amount of vaccines available and order more if the stock level is below one full box. The maximum order should be two boxes of Engerix B ®. The amount of stock will be recorded weekly as will the amount ordered and the date and time the order was completed.
7. The named / designated person is responsible for ordering the vaccine using the pharmacy order book. All vaccine orders must be signed by the authorised person and the vaccine request sent to Torbay Hospital Pharmacy.
8. On receipt of the vaccines the named / designated person or any other qualified member of nursing staff will check the order request against the vaccines received and confirm the correct amount has been delivered. The amount

received, batch number, expiry date, manufacturer, supplier, name of vaccine, date and time on receipt will be entered in the designated record book kept in the clinic room and this will be signed by the receiving member of staff.

8. Vaccines should not be stored in the fridge door nor on the bottom of the fridge. Stock must be rotated and expiry dates checked regularly (once a week) by a named / designated member of staff. These checks will be documented in the designated record book in the clinic room.
9. Any discrepancies between the order and the vaccines received must be addressed with the dispensing pharmacy immediately upon receipt by the receiving member of staff telephoning the pharmacy. Any vaccine received will be kept in the fridge to maintain the cold chain in the meantime.

Record keeping procedure when using vaccines in practice

10. Clinicians removing vaccines from fridge must record, name and batch number of the vaccine removed, quantity removed, date and time removed, name and signature of the clinician. This information will be recorded in the designated record book.
11. All nurses and medics administering hepatitis B vaccination must ensure that a prescription is in place prior to preparing to administer any vaccine and that this prescription is dated and signed by a qualified medical or non-medical prescriber.
12. 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 or record form by the clinician at the time of administration.
13. The vaccination assessment must be completed with all clients prior to their being considered suitable for vaccination. This discussion must be fully recorded on the vaccination assessment document and this document filed in the clients notes within the substance misuse service.
14. The nurses/medics 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.
15. A letter will be sent to the clients GP once the vaccination course is completed, to inform the GP that the client has received this vaccination. A copy of this letter will be kept in the clients file within the substance misuse service. This letter will also advise of the need for any follow up blood tests etc.

5. Monitoring tool:

Standards:

Item	%	Exceptions
Safety – this document serves as a summary / checklist / reminder of the main points for nurses record keeping regarding Hepatitis immunisation	100	
Governance – Nurses ordering, receiving and administering vaccines should ensure they follow the protocol	100	
Maintenance of record keeping	100	
How will monitoring be carried out?	N/A	Via internal audit of case notes and record keeping processes
When will monitoring be carried out?	N/A	Quarterly
Who will monitor compliance with the guideline?	N/A	Service Manager, TDAS
<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 Equality and Diversity Policy</p>		

References:

Immunisation against infectious diseases – www.dh.gov.uk/greenbook (2006)

TSDFT Policy for Registered Professional [1927](#) - Standards for the Supply, Storage and Administration of Medicines (March 2008)

Nursing and Midwifery Council (2007) Guidelines for Records and Record Keeping. London: NMC

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	New	July 2012	Review	Care and Clinical Policies Group
2	Review	October/November 2014	Periodic Review	Care and Clinical Policies Group
3	Revised	2 December 2016	Review	Care and Clinical Policies Group

Quality Impact Assessment (QIA)

<i>Please select</i>				
Who may be affected by this document?	Patient / Service Users	x <input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	x <input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	x <input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (<i>please state</i>):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
--	--------------------------

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	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>	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? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	x <input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	x <input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	x <input type="checkbox"/>	Other Statutory Agencies	x <input type="checkbox"/>
	Details (<i>please state</i>):			

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

Policy Title (and number)		SOP: Hepatitis B Immunisation, Ordering, Receipt, Recordkeeping 1866		Version and Date	November 2016 V3
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? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> Nox <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> Nox <input type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> Nox <input type="checkbox"/>
Race	Yes <input type="checkbox"/> Nox <input type="checkbox"/>	Gender	Yes <input type="checkbox"/> Nox <input type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> Nox <input type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> Nox <input type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> Nox <input type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> Nox <input type="checkbox"/>
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 <input type="checkbox"/> Nox <input type="checkbox"/>
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 x No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes x No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centred care?					Yes x No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> Nox <input type="checkbox"/>
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 <input type="checkbox"/> Nox <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Review of existing SOP					
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	

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