

Hepatitis B Immunisation Procedure SOP	
Standard Operating Procedure (SOP)	
Ref No: 1992 Version: 3	
Prepared by: Karen Bennett	
Presented to: Care and Clinical Policies Sub Group	Date: 16.11.2016
Ratified by: Care and Clinical Policies Sub Group	Date: 16.11.2016
	Review date:02.12.2018
Relating to policies:	Hepatitis B immunisation policy (substance misuse) 1920 BBV testing policy (substance misuse) 1847 Anaphylaxis and Anaphylactic shock protocol 0037-Verson 3 Cold chain policy 1913 Injectable Medicines Policy 1923

- 1. Purpose of this document** - This procedure states the method and process for administering Hepatitis B immunisation
- 2. Scope of this SOP:** - Applicable to all nursing and medical staff working within the Torbay Drug & Alcohol Service, Torbay and South Devon NHS Foundation Trust
- 3. Competencies required** - All nursing and medical staff working to this SOP will undergo training in administration of vaccination as well as how to deal with anaphylaxis / resuscitation. All nursing staff will receive an annual update on immunisation, anaphylaxis and resuscitation.

All nurses will have knowledge of the 'Immunisation against infectious disease' manual (DOH 2006) available online at www.dh.gov.uk. (last accessed 16.11.16)

The nurse will have knowledge of Torbay and South Devon NHS Foundation Trusts protocol on anaphylaxis/ anaphylactic shock, available via the intranet

4. Procedure / Steps: Patients covered – all service users assessed as being at risk, presenting to the Torbay Drug & Alcohol Service will be offered vaccination

- 4.1 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.
- 4.2 A reference copy of this SOP will be kept in a designated easily accessible policy file within the Torbay Drug & Alcohol Service and also stored electronically on the Trusts public website.
- 4.3 Prior to receiving any vaccination all service users must be provided with information relating to the benefits and risks associated with immunisation.
- 4.4 A written assessment will be carried out and verbal consent will be obtained from the service user as a necessary pre condition to any vaccination being administered.
- 4.5 The assessment will include information giving re: hepatitis B, assessment of risk taking behaviour which may lead to exposure to the virus and advice and information on reduction of risk in the future.
- 4.6 The assessment must also include identification of any allergies or sensitivities, past or current hepatitis symptomology, pregnancy or recent febrile illness, all of which may postpone the commencement of a vaccination programme whilst medical advice is sought.
- 4.7 The consent will include verification that the details of the vaccination will be forwarded to the clients GP.
- 4.8 In order to receive a Hepatitis B Vaccination there needs to be a prescription. A standard prescription sheet is available for signing by the prescribing doctor / non-medical prescriber and must be in place prior to administration of any vaccine (P-MAR).
- 4.9 The vaccination administration must be carried out in a suitable environment, in a clinically equipped room with the appropriate privacy for discussion and with all the necessary equipment at hand (hand washing facilities, cotton wool, kidney dish, plasters, vaccines in fridge, sharps bin, clinical waste bin, anaphylaxis pack and resuscitation equipment).
- 4.10 Universal precaution will be followed without exception due to the risk of cross infection and exposure to body fluids (blood).

- 4.11 The staff member will explain the appropriate vaccine schedule (based on the vaccination policy and assessment) to the service user in preparation for the vaccine administration.
- 4.12 The vaccine is removed from the fridge and placed in a kidney dish with a dry swab and plaster. Ensure a sharps bin is close to hand before administering the injection and make a note of the batch number and expiry date in the designated space on the prescription form.
- 4.13 The service user needs to expose their upper arm/ deltoid to receive the injection. The staff member should ensure that the service user is as comfortable and relaxed as possible in this position.
- 4.14 The area should be prepared for injection by wiping with a dry swab.
- 4.15 The vaccine is administered by intramuscular (IM) injection into the relaxed deltoid muscle.
- 4.16 Withdraw the needle and advise the service user to hold the swab for up to thirty seconds prior to applying a plaster to the area.
- 4.17 Dispose of the needle in a sharps container and the swab in a clinical waste bin.
- 4.18 Sign and date the prescription form to be uploaded onto HALO case notes when course completed.
- 4.19 Ensure that the service user is aware of future dates and arrangements for their next vaccination or follow up blood test if required.

Management of reactions:

- 4.20 Advise the service user that they may experience some aching of the limb which has been injected, and to report with any other adverse effect immediately. Advise the service user to wait on the premises for twenty minutes post vaccination in order that they can be closely monitored for this initial period.
- 4.21 Although documented reactions are rare, adrenaline must be available at every immunisation session.
- 4.22 In the event of an anaphylactic reaction to immunisation adrenaline should be administered (as per the anaphylactic shock protocol) and 999 calls made for emergency assistance.
- 4.23 First aid measures will be taken, priority being given to maintaining the service user's airway and breathing.

- 4.24 Verbal information of vaccination given and action taken should be given to the emergency services and the incident recorded in the service users notes.
- 4.25 Any reaction should be reported on the clinical incident recording form and via the Trusts incident reporting system Datix.

Storage:

- 4.26 The Cold chain will be monitored and maintained at all times.

5. Monitoring tool:

Standards:

Item	%	Exceptions
Safety – this document serves as a summary / checklist / reminder of the main points for nurses immunising		
Governance – Nurses immunising should ensure they follow this protocol	100	Nil
Offered vaccination	100	Nil
Uptake for vaccination		Refusals and medical indications
How will monitoring be carried out?		Via NTDMS returns, internal and external service audit and supervision
When will monitoring be carried out?		Quarterly
Who will monitor compliance with the guideline?	Service Manager, TDAS	
<p>Equality Statement. 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>		

6. References:

National Treatment Agency (2006) Models of Care for adult drug misusers: Update 2006. London: NTA

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

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

Drug Misuse and Dependence: UK Guidelines on clinical management (2007) London, Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive

7. Appendix:

[Appendix 1. Prescription and Medication Administration Record](#)

8. Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.0	New Doc	July 2012	New SOP	C&CP
2.0	Review	Oct/Nov 2014	Periodical Review	C&CP
3	Ratified	02 December 2016	Revised	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 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)

<i>Please select</i>				
Who may be affected by this document?	Patient / Service Users	<input checked="" 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	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<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? No	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

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	
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
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	<input checked="" 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	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input checked="" 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 Procedure :1992		Version and Date	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? <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"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	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"/>	Religion/Belief (non)	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"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" 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"/> No <input checked="" 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					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 ⁷ ?					Yes <input type="checkbox"/> No <input checked="" 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"/> No <input checked="" 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		

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 pdf.sdht@nhs.net

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