

Administration of Pneumococcal Polysaccharide Vaccine to housebound adult patients registered with Torbay and South Devon NHS Foundation Trust GPs by Torbay and South Devon NHS Foundation Trust Community Nursing teams	
Standard Operating Procedure (SOP)	
Ref No: 2005	
Version: 1	
Prepared by: Rebecca Bowden	
Presented to: Care & Clinical Policies Sub Group	Date: 17 August 2016
Ratified by: Care & Clinical Policies Sub Group	Date: 17 August 2016
	Review date: 30 September 2017
Relating to policies: Provider Community Services Medicine Policy for Registered Professionals May 2012 v 1.0 The Pneumococcal Polysaccharide Immunisation programme and Green Book 2013 (updated) TSDFT Cold Chain Storage for Vaccines – Standard Operating Procedure July 2015 TSDFT policies (Consent Policy, Anaphylaxis and Anaphylactic shock Policy) Mental Capacity Act 2005 and amendments 2009	

1. Scope of this SOP

Applicable to Registered Nursing staff employed by Torbay and South Devon NHS Foundation Trust.

2. Competencies required

Registered Nurses employed by Torbay and South Devon NHS Foundation Trust Health (TSDFT) within the community setting, are required and should 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

1. Names and signatures of all appropriately registered nurses authorised to use the Patient Specific Direction (PSD) for the administration of pneumococcal vaccine (Pneumovax II[®]) must be completed. A copy of the original list 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) should forward to the relevant nursing teams, a completed and signed PSD for each client eligible for pneumococcal vaccination using 2016/17 forms provided. This acts as the authorised administration list for the nursing teams to work from.
3. Delivery of pneumococcal vaccines should 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 should 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 should 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 and 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 manufacturers' 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 FLU's-ease team (Torbay part of organisation only) must also be transported in accordance with TSDFT's cold chain SOP.

Nurses 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 should be taken. The vaccine box should be marked with the surgery's sticker before removal from the practice to ensure an audit trail. The stock

proforma in [Appendix 4](#) should 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.

Community & District nurses will collect the required quantity of vaccine from the relevant surgery refrigerator in a validated cool bag for their rounds all vaccine boxes should have the appropriate surgery sticker applied on removal, i.e. one per patient.

5. **NURSES MUST CHECK** that an equal number of patient information leaflets is supplied with the vaccines.
6. **For clients vaccinated in their own home:** Prior to the visit the client's name, address and date of birth details should be completed on the 'Vaccination Assessment Form – Domestic Setting' ([Appendix 1](#)). The nurse 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 should include discussion with the client on reason for vaccination. The nurse 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 should be contacted.

7. **For clients vaccinated within the care home setting:** client identification must be undertaken by the nurses 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 should be completed on the 'Vaccination Assessment Form – Domestic Setting' ([Appendix 1](#)). The nurse must check these details against the PSD form to ensure only names of client's appearing on the PSD receive vaccination. Nurses must document that all clients (or where necessary, a senior member of care home staff) has 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 should be contacted.

A 'Visit Feedback Form' ([Appendix 3](#)) must also be completed and signed by all participating nurses. 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 nurse 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 nurse should 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. Administration of vaccine should 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 nurse 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 should be given to the client/carer and should 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. (ref, DoH 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 vaccines should be clearly marked when replaced into the storage fridge. Any vaccines that have **not** been maintained in accordance with manufacturer's instructions should be disposed of as the quality and stability of vaccine may have been compromised. This should also be documented at the site of storage.
16. Every patient must be given a patient information leaflet, which should be included in each container, and available for download and printing at:
<http://www.medicines.org.uk/emc/medicine/17518/PIL/Pneumovax+II/> (accessed 26th August 2016)

5. References:

- Department of Health (2013) Storage, distribution and disposal of vaccines; the Green Book; Chapter 3
- [Mental Capacity Act 2005 \(as amended 2009\): Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice/Immunisation against Infectious Disease" - The Green Book - Pneumococcal chapter 25, updated 4 December 2013,](https://www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25) <https://www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25> Accessed
- Torbay and South Devon NHS Foundation Trust Anaphylaxis/Anaphylactic Shock Policy, Version 7, October 2015:
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0337.pdf (accessed 26th August 2016)
- Pneumococcal Polysaccharide Vaccine Sanofi Pasteur MSD Summary of Product Characteristics (SPC)
<http://www.medicines.org.uk/emc/medicine/1446/SPC/Pneumovax+II/> (Accessed 16.08.2016).
- Torbay and South Devon NHS Foundation Trust – Infection Control Operating Policy Version 3
<http://documents.torbayandsouthdevon.nhs.uk/TSDFT/Infection%20Control%20Operating%20Policy.pdf?web=1> (last accessed 30.08.16)

- Pneumococcal Polysaccharide Vaccine Sanofi Pasteur MSD Patient Information Leaflet, accessed 16.08.2016:
<http://www.medicines.org.uk/emc/medicine/17518/PIL/Pneumovax+II/>
- [Nursing and Midwifery Council Standards Standards for Medicine Administration, 2007, Accessed 29th July 2015](#)
<http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-management.pdf>

6. Appendices

[Appendix 1](#)

Pneumococcal Vaccination Assessment Form – Domestic 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

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 Equality and Diversity Policy</p>		

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	10 September 2015	New	Care & Clinical Policies Group
2	Ratified	30 September 2016	Revised	Care & Clinical Policies Group

Appendix 1

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

Seasonal Influenza / Pneumococcal Vaccination Assessment form - Domestic setting

Name DOB.....

Address

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

		Comments
Does the patient fall into any of the stated risk groups (see below)?	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 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 be taken by patient if anaphylactic symptoms commence.	YES/NO
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 nurse, they should not proceed and should 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 nurse	SIGNATURE OF NURSE
SITE ADMINISTERED	Apply sticker from syringe to record: VACCINE NAME MANUFACTURER EXPIRY DATE BATCH NUMBER	
SURGERY VACCINE OBTAINED FROM:		

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	Defined as those aged 65 years and over on 31 March 2016 (i.e. born on or before 31 March 1951)
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.
Immunosuppression	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.

Clinical information:

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

Although the relevant manufacturers state that pneumococcal vaccines and ZOSTAVAX® should not be given concurrently, national guidance issued by Public Health England and the Department of Health 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 DOH and 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.

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 should be given at least 2.5cm apart (American Academy of Pediatrics,2003).

The vaccine should 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) should be available for immediate use should an acute anaphylactic reaction occur.

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

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

Appendix 3

Pneumococcal Polysaccharide Vaccine 2016/17

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?
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Is a repeat visit required? Yes/No

Total number of Vaccinations given at this address:

Nurse(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
Paignton Surgeries			
Bishops Place			
Cherrybrook			
Cornerplace			
Grosvenor Road			
Mayfield			
Old Farm			
Pembroke House			
Withycombe Lodge			
Torquay Surgeries			
Barton Surgery			
Brunel			
Chilcote			
Croft Hall			
Old Mill			
Park Hill			
Abbey Rd			
Southover			
Chelston Hall/ Shiphay Manor			
Brixham Surgeries			
Greenswood			
Compass			
St Lukes			
TOTALS			

STOCK TAKEN OUT

A Patient Specific Direction (PSD) for the administration of PNEUMOCOCCAL POLYSACCHARIDE VACCINE by registered nurses employed by the Torbay and South Devon NHS Foundation Trust Community Nursing Teams to patients in a domestic or residential care home setting.

Aim of this Patient Specific Direction (PSD):

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

Clinical Setting in which this PSD Applies:

This Patient Specific Direction should be used by registered nurses 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 domestic or in a residential care home 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:

<http://www.medicines.org.uk/emc/medicine/17518/PIL/Pneumovax+II/>

PNEUMOCOCCAL POLYSACCHARIDE VACCINE will only be administered in accordance with the standard operating procedure provided alongside this PSD by authorised nurses, 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.

This patient specific PSD is for use by registered nurses employed within the community nurse Team for patients registered with:									
Enter Practice Name here									
After clinical evaluation which includes assessment of inclusion criteria laid down by the DOH and taking into account the vaccine's cautions and contraindications, I instruct members on the list provided to practices from the TSDHF 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.									
Print GP name		GP signature		Date		Practice			
The patient named below is eligible to receive PNEUMOCOCCAL POLYSACCHARIDE VACCINE for pneumococcal infection prophylaxis according to the following dosing schedule: PNEUMOCOCCAL POLYSACCHARIDE VACCINE - Adults (patients over 16yrs) - give 0.5ml by intramuscular injection.									
Patient Name/NHS number	Address/Postcode	DOB	Vaccination assessment form completed?	Consent obtained? Who from?	Vaccine dose, brand name, Batch Number and Expiry	Patient Vaccinated? Yes / No (and reason if not)	Date	Nurse Signature	Source of Vaccine / Comments / Patient Category etc.
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete
Telephone number									
Extra information re property Access:									

This PSD is applicable for Flu season 2016/2017 only

A Patient Specific Direction (PSD) for the administration of PNEUMOCOCCAL POLYSACCHARIDE VACCINE by registered nurses employed by the Torbay and South Devon NHS Foundation Trust Community Nursing Team to patients in a domestic or residential care home setting.

Aim of this Patient Specific Direction (PSD):

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

Clinical Setting in which this PSD Applies:

This Patient Specific Direction should be used by registered nurses 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 patients will be housebound and living in domestic or in a residential care home setting who are 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:

<http://www.medicines.org.uk/emc/medicine/17518/PIL/Pneumovax+II/>

PNEUMOCOCCAL POLYSACCHARIDE VACCINE will only be administered in accordance with the standard operating procedure provided alongside this PSD by authorised nurses, 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.

A Patient Specific Direction (PSD) for the administration of **PNEUMOCOCCAL POLYSACCHARIDE VACCINE** by registered nurses employed by Torbay and Southern Devon Health and Care NHS Trust Community Nursing Team to patients living in a **residential care home setting**.

After clinical evaluation which includes assessment of inclusion criteria laid down by the DOH and taking into account the vaccine's cautions and contraindications, I instruct members on the list provided to practices from the TSDFT and other community teams to vaccinate the following patients who are 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 for this instruction.

Print GP name		GP signature		Date		Practice	
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The patients named below are eligible to receive **PNEUMOCOCCAL POLYSACCHARIDE VACCINE** for **pneumococcal infection prophylaxis** according to the following dosing schedule:
PNEUMOCOCCAL POLYSACCHARIDE VACCINE - Adults (patients over 16yrs) - give 0.5ml by intramuscular injection

Patient Name/NHS number	Address/Postcode	DOB	Pneumococcal Vaccination assessment form completed?	Consent obtained? Who from?	Vaccine dose, brand name, Batch Number and Expiry	Patient Vaccinated? Yes / No (and reason if not)	Date	Nurse Signature	Source of Vaccine / Comments / Patient Category etc.
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete

Care Home telephone number:

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 type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (please state):			

Does this document require a service redesign, or substantial amendments to an existing process? No	<input type="checkbox"/>
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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 checked="" 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"/>		

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?	National Eligibility Applied. Age & Risk
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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 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 type="checkbox"/>
	Details (please state):	Pharmacy Department		

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

Policy Title (and number)	Admin of Pneumococcal Vaccine	Version and Date	V2
Policy Author	Rebecca Bowden		
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 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"/>
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'. Eligibility Criteria defined by NHS England			
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 checked="" type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Annual Guidance provided nationally on requirements.			
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?			
Pharmacy, Community Nurse Leads, Associate Director of Nursing			
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	Lorraine Webber	Signature	
Validated by (line manager)	S Machin	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.sdht@nhs.net

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