

SOP for Administration of Inactivated Influenza Vaccine to housebound patients 2016-2017 season

Standard Operating Procedure	
Ref No: 2012	
Version 1	
Title: Administration of Inactivated Influenza Vaccine to adult patients who are housebound or living within a residential care home setting, registered with Torbay and South Devon NHS Foundation Trust (TSDFT) Nursing staff	
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Presented to: Care & Clinical Policies Sub Group Committee	Date: 17 August 2016
Ratified by: Care & Clinical Policies Sub-Group Committee	Date: 17 August 2016
Links to Policies:	<ul style="list-style-type: none"> - Provider Community Services Medicine Policy for Registered Professionals May 2012 v 1.0 - The influenza Immunisation programme - Department of Health and Green Book 2013 (updated 2015) - Mental Capacity Act 2005 and amendments 2009 - Torbay and South Devon NHS Foundation Trust Policies: Maintenance of cold chain in handling of medicines requiring cold storage – July 2012 Consent Policy, Anaphylaxis and Anaphylactic shock Policy

Scope of this SOP

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

Competencies required

Registered Nurses employed by TSDFT within the community settings 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.

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 influenza vaccination under the categories as defined by the seasonal flu immunisation programme 2016/17 circular available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/529954/Annual_flu_letter_2016_207.pdf (accessed 26th August 2016)

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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."*

Procedure

1. Community Nurse Leads (CN) should ensure an agreed and clear line of communication between GP practices and nursing teams.
2. Names and signatures of all appropriately registered nurses authorised to use the Patient Specific Direction (PSD) for the administration of Inactivated Influenza Vaccine 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.
3. A list of clients active on the CN caseload will be generated and sent to GP practice(s). These will be the responsibility of the CNs to vaccinate. The General Practitioner (GP) should forward to the relevant nursing teams, a completed and signed PSD for each client eligible for influenza vaccination using the 2016/2017 forms provided. This acts as the authorised administration form for the nursing teams to work from.
4. Delivery of Inactivated Influenza Vaccine 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.
5. 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 the manufacturer's instructions. This will prevent direct contact between the vaccines and the cool packs which may cause the product to freeze. It will also protect the product from damage.

Vaccines transferred to centrally located drug refrigerators for collection by the Community Nursing staff must also be transported in accordance with the Trusts cold chain SOP.

Nurses must ensure that they only use the manufacturer's instructions for packing and storage of the cool boxes. A record of the batch number and which

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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 5 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 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.

6. **NURSES MUST CHECK** that an equal number of patient information leaflets is supplied with the vaccines.
7. **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 'Influenza 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 'Influenza Vaccination Assessment Form – Domestic Setting' (Appendix 1). If there is any doubt as to suitability of the patient for vaccination then the GP should be contacted.

8. **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 'Influenza Vaccination Assessment Form – Domestic Setting' (Appendix 1). The nurse must check these details against the PSD form to ensure only names of clients appearing on the PSD receive vaccination. Nurses must document that all clients (or where necessary, a senior member of care home staff) have been asked all the assessment questions on the form to ensure that vaccination is safe. If there is any doubt as to suitability of the patient for vaccination then the GP 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.

9. 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

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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)).

10. 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 strictly in accordance with the manufacturer's instructions.
11. The vaccine must only be given by intramuscular or deep subcutaneous route only.
12. Vaccination will be carried out in accordance with national and local infection control protocols.
13. The date of administration, brand name of vaccine, batch number, source of vaccine, i.e. surgery from which the vaccine is obtained from, dose given, site given (e.g. L deltoid), expiry date and nurse signature must be recorded on the individual client's record and also on the PSD authorised administration list.
14. Written and verbal post vaccination advice, including a patient information leaflet, should be given to the client/carer and should include information on possible side effects, local reactions and high temperature/fever management. Provision of this information should be documented. **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.
15. 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.
16. 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 quality and stability of vaccine may have been compromised. This should also be documented at the site of storage.
17. A patient information leaflet must be provided to every patient, which should be included in each container, and are also available at:
[http://www.medicines.org.uk/emc/medicine/17376/PIL/Inactivated+Influenza+Vaccine+\(Split+Virus\)+BP](http://www.medicines.org.uk/emc/medicine/17376/PIL/Inactivated+Influenza+Vaccine+(Split+Virus)+BP), (accessed 26th August 2016)

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 - Influenza chapter revised 21 May 2015 , (accessed 29 June 2015)
- .The national flu immunisation programme 2016/17. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/529954/Annual_flu_letter_2016_2017.pdf (accessed 26th August 2016).
- Flu Plan Winter 2016/2017 available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525967/Annual_flu_plan_2016_to_2017.pdf (accessed 26th August 2016).
- Department of Health (2012) Vaccine safety and the management of adverse events following immunisation the Green Book; Chapter 3
- 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> (accessed 30.08.16)
- Inactivated Influenza Vaccine (Split Virion) Patient Information Leaflet [http://www.medicines.org.uk/emc/medicine/17376/PIL/Inactivated+Influenza+Vaccine+\(Split+Virion\)+BP,_updated_07-Jul-2016](http://www.medicines.org.uk/emc/medicine/17376/PIL/Inactivated+Influenza+Vaccine+(Split+Virion)+BP,_updated_07-Jul-2016); accessed 26/08/16.
- 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)
- Nursing and Midwifery Council Standards for Medicine Administration, 2007, Access 29th July 2015 <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-management.pdf> (accessed 26th August 2016)

Appendices

Appendix 1

'Influenza Vaccination Assessment Form – Domestic Setting' and general information

Appendix 2

'Seasonal Influenza Vaccine information and inclusion criteria',

Appendix 3

'Visit Feedback Form'

Appendix 4

Record of Stock Usage

Appendix 5

List of Authorised Signatures

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Appendix 1: Checklist – Ask all questions and document the answer prior to giving the vaccine

Name:

DOB:

Address:

	Influenza	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
Does the patient have a coagulation disorder?(not including anticoagulant treatment)	Refer to GP	YES/NO
Is patient on warfarin, phenytoin or theophylline?	Advise patient to have levels checked within 10 days e.g. INR	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
Is the patient allergic to neomycin, chicken protein or eggs? (Sanofi Pasteur Influenza vaccine may contain traces of these)	Do not administer influenza vaccine 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 had 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

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	Influenza	Comments
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?	Continue with vaccination.	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 – The nurse should not proceed if there are any doubts regarding the procedure or their competence, and should contact the GP if so.

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

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General Information

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’)

Asthma/Respiratory disease

Patients suffering from asthma and respiratory disease have an increased likelihood to experience an allergic reaction.

Immunocompromised patients

The seasonal influenza vaccine is an inactivated vaccine, and hence does not represent a danger to immunocompromised persons. It should be administered as recommended for healthy persons. Protection may be less in the elderly, but immunisation has been shown to reduce the incidence of bronchopneumonia, mortality and hospital admission.

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

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Appendix 2: Seasonal Influenza Vaccine inclusion criteria and information

The Joint Committee on Vaccinations and Immunisation recommend that those most at risk of serious illness from influenza are offered seasonal influenza immunisation every year. This year, the JCVI have recommended that the following groups are vaccinated:

The decision about who should be offered immunisation within these groups is for the patient's GP. Please see the Green Book, Chapter 19, Influenza, for more detailed information about inclusion criteria.

Eligible groups	Further detail
All patients aged 65 years and over	Defined as those aged 65 years (including those becoming age 65 years by 31 March 2016).
Chronic respiratory Disease	<p>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p> <p>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</p>
Chronic heart disease	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and / or follow up for ischaemic heart disease.
Chronic kidney disease	Chronic kidney disease at stage 3,4,or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease	<p>Stroke, transient ischaemic attack (TIA), conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers).</p> <p>To be considered on an individual basis: cerebral palsy, multiple sclerosis and related conditions; hereditary and degenerative disease of the nervous systems or muscles; severe neurological disability.</p>
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic medicines, diet controlled diabetes.
Immunosuppression	Immunosuppression due to disease or treatment, e.g. chemotherapy; asplenia or splenic dysfunction, HIV infections at all stages. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose

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	<p>equivalent to or exceeding 20mg prednisolone /day.</p> <p>Household contacts, i.e. those who expect to share living accommodation over winter with immunocompromised patients should also be considered.</p>
Pregnant women	Pregnant women at any stage of pregnancy
People in long stay residential homes	This does not include prisons, young offender institutions or university halls of residence
Carers	Those in receipt of a carer's allowance and those who are the main carer or the carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.
Health and Social Care staff	Those who are in direct contact with patients/ clients should be vaccinated by their employer as part of an occupational health programme.

Drug Interactions

The concurrent use of drugs and influenza vaccine is usually uneventful. .

However, Influenza vaccine has been reported to potentially affect blood levels of warfarin, phenytoin and theophylline. Patients on these drugs should be advised to monitor their relevant blood levels, e.g. INR for warfarin.

Seasonal Influenza Vaccine can be administered simultaneously with Pneumococcal Polysaccharide Vaccine (Pneumovax[®] II) 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).

Following influenza vaccination, false positive serology results have been observed when using the ELISA method to detect antibodies against HIV1, Hepatitis C and especially HTLV1.

Immunological responses may be diminished in patients undergoing immunosuppressant treatment.

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Appendix 3: INFLUENZA 2016/17 Visit Feedback Form

Residential Home Name:

Address:

Contact Phone Number:

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

Print Name _____ Signature: _____

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

Is a repeat visit required? Yes/No

Total number of Vaccinations given at this address:

Nurse(s)

Name(s)

Signature(s)

Date of visit

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Appendix 4: Record of Stock Usage for Torbay Area

Inactivated Seasonal Influenza Vaccine stock 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

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PSD for the administration of Seasonal Flu Vaccine
To housebound patients 2016/17 Flu season only

Patient Specific Direction (PSD) for the administration of INACTIVATED INFLUENZA 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 HealthNHS Foundation Trust (TSDFT) to administer INACTIVATED INFLUENZA VACCINE (**Split Virion**) **BP (Manufacturer Sanofi Pasteur)** to patients named on the authorised administration list 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 or Community Nursing Teams when administering INACTIVATED INFLUENZA VACCINE to patients named on the authorised administration list. These patients will be housebound patients living in domestic or in a residential care home setting deemed to be at high risk of seasonal influenza by the GP signing the authorised administration list.

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

[http://www.medicines.org.uk/emc/medicine/17376/PIL/Inactivated+Influenza+Vaccine+\(Split+Virion\)+BP](http://www.medicines.org.uk/emc/medicine/17376/PIL/Inactivated+Influenza+Vaccine+(Split+Virion)+BP),

INACTIVATED INFLUENZA VACCINE will only be administered in accordance with the standard operating procedure provided alongside this PSD by authorised nurses, whose names and signatures appear on the list provided to the Practices as a separate document. The original list will be held by the authorising manager.

Authorisation Process:

When it is anticipated that a group of patients will require Influenza Vaccine, a list of eligible patients to include patient name, NHS number, address, telephone number and date of birth should be drawn up on the attached authorisation form in advance of a session and signed by a GP at the relevant practice. The signed patient authorisation form should then be returned to the relevant Community Nursing Team. If additional patients present for influenza vaccination, approval for their inclusion should be sought from a GP by a member of the team and authorisation obtained in accordance with local policy. Full information is available in the SOP.

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A Patient Specific Direction (PSD) for the administration of INFLUENZA VACCINE by registered nurses employed by the Torbay and South Devon NHS Foundation Trust 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) of the 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 Inactivated Influenza Vaccine for **seasonal influenza prophylaxis** according to the following dosing schedule:
Inactivated Influenza Vaccine - Adults (patients over 16yrs) - give 0.5ml by intramuscular or deep subcutaneous injection.

Patient Name/NHS number	Address/Postcode	DOB	Flu 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:

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To housebound patients 2016/17 Flu season only

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

Aim of this Patient Specific Direction (PSD):

For GPs to authorise registered nurses employed by the Torbay and South Devon NHS Foundation Trust (TSDFT) to administer INACTIVATED INFLUENZA VACCINE (**split virion**) BP, (**Manufacturer Sanofi Pasteur**) to the patient named on this authorised administration form.

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 when administering INACTIVATED INFLUENZA VACCINE to the patient named on this authorised administration form. Patients will be housebound and living in domestic or in a residential care home setting deemed to be at high risk of seasonal influenza by the GP signing the authorisation.

The reason for vaccination should be discussed with the patient, and informed consent should be obtained before commencing the procedure.

INACTIVATED INFLUENZA VACCINE will only be administered in accordance with the standard operating procedure provided alongside this PSD by authorised nurses, whose names and signatures appear on the list provided to the Practices as a separate document.

The original list will be held by the authorising manager.

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

[http://www.medicines.org.uk/emc/medicine/17376/PIL/Inactivated+Influenza+Vaccine+\(Split+Virion\)+BP](http://www.medicines.org.uk/emc/medicine/17376/PIL/Inactivated+Influenza+Vaccine+(Split+Virion)+BP),

Authorisation Process:

When it is anticipated that a patient will require INACTIVATED INFLUENZA 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 influenza vaccination, a form must be completed and signed by the patient's GP before any vaccine may be administered.

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This patient specific PSD is for use by registered nurses employed within community nursing 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 TSDT Team 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			
The patient named below is eligible to receive INACTIVATED INFLUENZA VACCINE for seasonal influenza prophylaxis according to the following dosing schedule: Inactivated Influenza Vaccine - Adults (patients over 16yrs) - give 0.5ml by intramuscular or deep subcutaneous injection.									
Patient Name/NHS number	Address/Postcode	DOB	Flu 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
Patient telephone number:									
Extra information re Property Access :									

This PSD is applicable for flu season 2016/2017 only

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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.

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Document title:	SOP Administration of Inactivated Influenza Vaccine		
Purpose of document:	Applicable to Registered Nursing Staff employed by TSDFT.		
Date of issue:	23 September 2016	Next review date:	23 September 2017
Version:	1	Last review date:	
Author:	Rebecca Bowden		
Directorate:	Community		
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 and Clinical Policies Group		
Date approved:	17 August 2016		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
Have you considered using Equality Impact Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
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Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
23 September 2016	1	New	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.

SOP for Administration of Inactivated Influenza Vaccine to housebound patients 2016-2017 season

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 checked="" 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 (<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"/>		
<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 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 checked="" 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 (<i>please state</i>):	CCG		

SOP for Administration of Inactivated Influenza Vaccine to housebound patients 2016-2017 season

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



Policy Title (and number)	SOP Influenza Vaccine 2016-2017 Season (draft V10) (1)	Version and Date	2016-2017 Season draft V1 0 (1)
Policy Author	Rebecca Bowden – Lorraine Webber		
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"/>
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'.			
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 type="checkbox"/> No <input checked="" 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? Access to the influenza vaccine will be administered by community nursing teams using criteria: That the patient is housebound and either active on a community nursing caseload or residing in a residential home-service spec has been agreed with NHS England. This is a national campaign which is delivered every year			
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?)			
To standardize the process in delivering an Influenza Vaccine program across the Community incorporating the community nursing caseloads in collaboration with the GP surgeries who have asked that the Community Nursing Teams also vaccinate residents in care homes.			
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?			
Community Nursing Teams CCG Professional Practice NHS England Recommended to: To administer a vaccine program to an at risk/vulnerable client base Suggestions:			

SOP for Administration of Inactivated Influenza Vaccine to housebound patients 2016-2017 season

Suggestions on how the delivery can be applied across the community safely and timely have been written in to the service spec for this year's vaccine progress

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

Action	Person responsible	Completion date
Resource intensive to community nursing teams- additional nurses have been recruited to help deliver the vaccines	Ali Kingdon	End of Jan 2017
Reporting Activity – all community teams record activity on a designated icare page, this then forms part of the invoice for payment from the CCG	Ali Kingdon/Community Nurse Leads	End of Jan 2017
Community Team training- training delivered by video, and face to face power point presentations. Yearly anaphylaxis is mandatory and part of clinical yearly update.	Ali Kingdon/Community Nurse Leads	End of Jan 2017

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	Ali Kindon	Signature	
Validated by (line manager)	Lorraine Webber	Signature	

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy