GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This Patient Group Direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used. Health professionals should always access the PGD via the PTHB intranet to ensure that they are always working to the most up to date version

Patient Group Direction

for the administration of

23-valent pneumococcal polysaccharide vaccine (PPV23)

by

registered Healthcare Professionals

to

individuals from 65 years of age and individuals from 2 years of age in a clinical risk group, for the prevention of pneumococcal disease in accordance with the national immunisation programme and UK guidelines for the public health management of clusters of severe pneumococcal disease in closed settings

in

Powys Teaching Health Board

Version number: PGD 0043-D

Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Powys Teaching Health Board is the operational name of Powys Teaching Health Board

Reference Number: PGD 0043-D
Valid from: 31/8/22
Review date: 01/03/24
Expiry date: 01/09/24

Change History

Version number	Change details	Date
PGD0043	Initial issue	1/10/16
PGD0043-A	Review issue in line with PHE template	01/07/2020
PGD0043-B	Review issue in line with current PHE template	26/08/2020
PGD0043-C	Review issue in line with Public Health Link from the Chief Medical Officer for Wales CEM/CMO/2021/23, 6 May 2021; new incident reporting system - Once for Wales Reporting System.	01/07/2021
PGD0043-D	Review issue in line with UKHSA template to: • include minor rewording of standard text, layout and formatting changes for clarity and consistency with organisation change and other UKHSA PGDs • amend NHS England and NHS Improvement (NHSEI) to NHSE following completion of merger on 1st July 2022 • remove NHS England DES (2020/21) cohort 64 years turning 65 years old by 31 March statement and related footnote from criteria for inclusion as PPV is now part of General Medical Services Statement of Financial Entitlements Directions 2022/23 (GMS SFE) • remove the generic pneumococcal polysaccharide vial from name, dose and strength section as it has been discontinued by manufacturer • update supplies section following the change to supply route on 1 July 2021 • remove from special considerations section the generic statement from Green Book Chapter 7 regarding the timing of the vaccination in immunosuppressive treatments and aligned it to the specific guidance in Chapter 25 • update references Remove the 'order of prioritisation' from the inclusion criteria and appendix D 'priority groups', as this is not included in the UKHSA template. Removal of specific interaction information with COVID 19 vaccines. Addition of safeguarding information.	01/08/22

PGD Authorisation

Name	Job Title/ Organisation	Signature	Date
Senior Doctor Dr Kate Wright	Lead Doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	8/21/2022
Chief Pharmacist Jacqui Seaton	Chief Pharmacist for PTHB	DocuSigned by: Jacqui Seaton 71E8089DE3634C4...	8/22/2022
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB- Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	8/23/2022
Senior Representative of Professional Group using the PGD Claire Roche	Executive Director of Nursing and midwifery for PTHB	DocuSigned by: claire roche FC9C4C63FC374A7...	8/19/2022

Appendix A provides a staff accreditation sheet. Individual practitioners must be authorised by name to work to this PGD.

PGD adoption by the provider

Name	Job title and organisation	Signature	Date

Characteristics of staff

Qualifications and professional registration	Registered professional with one of the following bodies: • nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) • pharmacists currently registered with the General Pharmaceutical Council (GPhC) (Note: This PGD is not relevant to privately provided community pharmacy services) • paramedics and physiotherapists currently registered with the Health and Care Professions Council (HCPC) The practitioners above must also fulfil the Additional requirements detailed below. Check Appendix A – Staff Accredited to use Patient Group Direction to confirm whether all the registered practitioners listed above have organisational authorisation to work under this PGD.
Additional requirements	Additionally practitioners: • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it • must have undertaken appropriate training for working under PGDs for supply/administration of medicines - evidence of ongoing PGD training to be submitted to Line Manager annually. • must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs) • must be familiar with the vaccine product and alert to changes in the Summary of Product Characteristics (SPC), Immunisation Against Infectious Disease ("The Green Book"), and national and local immunisation programmes • must have undertaken training appropriate to this PGD as required by local policy and in line with the National Minimum Standards and Core Curriculum for Immunisation Training and online training. Please contact PTHB Immunisation coordinator for further information. • must be competent to undertake immunisation and to discuss issues related to immunisation • must be competent in the handling and storage of vaccines, and management of the "cold chain" • must be familiar with All Wales Advisory document on Ordering Storage and Handling of Vaccines

	• must be competent in the recognition and management and reporting of anaphylaxis and adverse drug reactions • must be competent in the administration of adrenaline and have up to date Life Support skills • must have access to the PGD and associated online resources • practitioners must be competent, recognise their own limitations and personal accountability and act accordingly • should fulfil any additional requirements defined by local policy • compliance with all mandatory NHS training **THE INDIVIDUAL PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.**
Continued training requirements	Practitioners must ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of anaphylaxis, with evidence of appropriate Continued Professional Development (CPD). Practitioners should be constantly alert to any subsequent recommendations from the UKHSA, Welsh Government and/or Public Health Wales and/or NHS Wales and other sources of medicines information. Practitioners must make a self-declaration of competency on PADR. Practitioners should update at least every 2 years on the use of PGDs and 23-valent pneumococcal polysaccharide vaccine. **Note:** The most current national recommendations should be followed but a Patient Specific Direction (PSD) may be required to administer the vaccine in line with updated recommendations that are outside the criteria specified in this PGD. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this PGD.**

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Indicated for the active immunisation of individuals from 65 years of age and individuals from 2 years of age in a clinical risk group, for the prevention of pneumococcal disease in accordance with the national immunisation programme, UK guidelines for the public health management of clusters of serious pneumococcal disease in closed settings and

	recommendations given in Chapter 25 of Immunisation Against Infectious Disease: "The Green Book". **It is the responsibility of the administering healthcare professional to ensure that the patient is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.**
Criteria for inclusion	Individuals who: • are aged 65 years and over • are aged 2 years and over and have a medical condition included in the clinical risk groups defined in the Green Book Chapter 25 Table 25.2 • have asplenia, splenic dysfunction or chronic kidney disease (see Green Book Chapter 25 Table 25.2) and require a pneumococcal polysaccharide vaccine (PPV23) booster • are recommended vaccination by the local Health Protection Team for the public health management of pneumococcal disease in accordance with Managing clusters of pneumococcal disease in closed settings **Note:** Individuals at risk of frequent or continuous occupational exposure to metal fumes (such as welders) should be considered for immunisation taking into account exposure control measures in place. This indication is outside the remit of this PGD and would therefore require a PSD. Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought (see below).
Criteria for exclusion[1]	Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained (for further information on consent see Chapter 2 of the The Green Book). If consent is not given, please refer to sections "Action to be taken if the patient is excluded" and "Action to be taken if the patient or carer declines treatment". Individuals who: • are less than 2 years of age

[1] Exclusion under this Patient Group Direction does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required

	• have previously received PPV23 over the age of 2 years, except individuals with asplenia, splenic dysfunction and chronic kidney disease (see Green Book Chapter 25) and those recommended vaccination for the public health management of clusters of severe pneumococcal disease in closed settings • have had a confirmed anaphylactic reaction to a previous dose of PPV23 or to any component of the vaccine • have received pneumococcal conjugate vaccine (PCV) in the preceding 8 weeks • are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation) • Conditions outside of the clinical situations criteria
Cautions including any relevant action to be taken	Antibody response may be impaired in those with immunological impairment and those with an absent or dysfunctional spleen (see Special considerations / additional information section regarding appropriate timing of vaccination). Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the Minor Injury Unit guidelines followed, along with PTHB safeguarding policies. Consider discussing with GP. Any safeguarding concerns need to be directed to Safeguarding Hub: • To generic email address: PowysTHB.Safeguarding@wales.nhs.uk And • Central Safeguarding number: 01686 252806 • Out of hours: 08457 573818 Advice can also be sought from local Safeguarding leads: • CNS for Safeguarding North Powys Office: 01874 442082; mobile: 07964 132698 Or • CNS for Safeguarding South Powys Office: 01874 442098; mobile 07973 68652
Action to be taken if the patient is excluded	If aged less than 2 years PPV23 is not indicated, ensure PCV immunisation is up-to-date. If PPV23 has previously been received over the age of 2 years and the individual does not have asplenia,

	splenic dysfunction or chronic kidney disease (see Green Book Chapter 25) and the individual is not recommended vaccination for the public health management of clusters of serious pneumococcal disease in closed settings, further PPV23 is not indicated. Individuals who have received PCV in the preceding 8 weeks postpone immunisation until 8 weeks has elapsed. In case of postponement due to acute severe febrile illness, advise when the individual can be vaccinated and ensure another appointment is arranged at the earliest opportunity. Seek appropriate advice from the local Screening and Immunisation Team, local Health Protection Team or the individual's clinician as required. The risk to the individual of not being immunised must be taken into account. Document the reason for exclusion and any action taken in the individual's clinical records. Explain reason to patient / carer. Inform or refer to the GP or a prescriber as appropriate.
Action to be taken if the patient or carer declines treatment	Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained for each administration. For further information on consent see Chapter 2 of the 'Green Book'. The patient information leaflet should be available to inform consent. Advise the individual/parent/carer about the protective effects of the vaccine, the risks of infection and potential complications of disease. Document advice given and the decision reached. Inform or refer to the GP or a prescriber as appropriate. Inform the Child Health department if appropriate – if any vaccination is declined for a child under 18, Child

	Health must be informed and an appropriate form completed. Where appropriate, complete the letter on the WPAS system and send to the GP.
Arrangements for referral for medical advice	Refer to GP, paediatrician or consultant in communicable disease control (CCDC) for clinical advice as necessary. Document any advice given.

Description of treatment

Name, strength & formulation of drug	Pneumovax® 23 solution for injection in a pre-filled syringe. Each 0.5ml dose contains 25 micrograms of each of the following 23 pneumococcal polysaccharide serotypes: 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, 33F.
Legal category	Prescription only medicine (POM)
Black triangle▼	No
Off-label use	Administration of a further dose of PPV23 to high-risk individuals who have already received a dose of PPV23 more than 12 months previously is off-label but may be recommended in accordance with the Managing clusters of pneumococcal disease in closed settings. Vaccine should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to Vaccine Incident Guidance and All Wales Advisory document on Ordering Storage and Handling of Vaccines and any relevant local policies/guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use this would constitute off-label administration under this PGD. Where a vaccine is recommended off-label consider, as part of the consent process, informing the individual/ parent/carer that the vaccine is being offered in accordance with national guidance but that this is outside the product licence.

Route and method of administration	Administer by intramuscular or subcutaneous injection. The preferred site is the deltoid region of the upper arm. The intramuscular route is routinely used because localised reactions are more common when vaccines are given subcutaneously. However, for individuals with a bleeding disorder, vaccines may alternatively be given by subcutaneous injection to reduce the risk of bleeding in accordance in the Green Book Chapter 4. When administering at the same time as other vaccines care should be taken to ensure that the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably in different limbs. If given in the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records. The vaccine's normal appearance is a clear colourless solution. The vaccine should be visually inspected for particulate matter and discoloration prior to administration. In the event of any foreign particulate matter and/or variation of physical aspect being observed, do not administer the vaccine. The vaccine's SPC provides further guidance on administration and is available from the electronic Medicines Compendium website: www.medicines.org.uk
Dose and frequency of administration	• Single 0.5ml dose. • Individuals with asplenia, splenic dysfunction or chronic kidney disease (see Chapter 25) should be revaccinated at 5 year intervals. • PPV23 should be offered to high-risk individuals recommended vaccination by the local Health Protection Team for the public health management of pneumococcal disease in accordance with Managing clusters of pneumococcal disease in closed settings, unless they have received PPV23 in the previous 12 months. • Revaccination is not routinely indicated for other individuals.

Duration of treatment	Single 0.5ml dose (see Dose and frequency of administration regarding indications for revaccination).
Quantity to be supplied / administered	Single 0.5ml dose.
Supplies	From 1 July 2021 changes were made to the supply route of PPV for the use in the NHS pneumococcal polysaccharide immunisation programme to bring the supply in line with the other national immunisation programmes. Vaccines are available to order from the ImmForm website for the routine immunisation programme and immunisation of those with underlying medical conditions (see Change to the supply route of Pneumococcal Polysaccharide Vaccine (Pneumovax®23), vaccine for the national immunisation programme and Public Health Link from the Chief Medical Officer for Wales, CEM/CMO/2021/23 6 May 2021). Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage (see protocol for ordering storage and handling of vaccines and Green Book Chapter 3). Also refer to All Wales Advisory document on Ordering Storage and Handling of Vaccines.
Storage	Store at +2°C to +8°C. Store in original packaging in order to protect from light. Do not freeze. Protocols for the storage and handling of vaccines should be followed to prevent vaccine wastage (see All Wales Advisory document on Ordering Storage and Handling of Vaccines and Green Book Chapter 3). In the event of an inadvertent or unavoidable deviation of these conditions, vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed for suitability of continued off-label use or appropriate disposal. Any loss of vaccines due to expiry date or fridge failure/breaches in cold chain must be reported on ImmForm, to PTHB Immunisation co-ordinator

	(Powys.Immunisations@wales.nhs.uk), and via PTHB Once for Wales Reporting System. Refer to "Vaccine Incident guidance: responding to vaccine errors"
Disposal	Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant 'sharps' box, according to local authority arrangements and guidance in the Health Technical Memorandum 07-01: Safe management of healthcare waste (Department of Health, 2013) and guidance in the Welsh Health Technical Memorandum 07-01 Safer management of healthcare waste.
Drug interactions	A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk. Immunological response may be diminished in those receiving immunosuppressive treatment but it is important to still immunise this group. PPV23 may be given at the same time as other vaccines with the exception of pneumococcal polysaccharide vaccine (PCV13). PPV23 can also be given at the same time as shingles vaccine, Zostavax®, as recommended in "The Green Book" following assessment of the evidence, concluding that there is no reduction in the effectiveness of Zostavax®.
Identification & management of adverse reactions	Local reactions following vaccination are very common including pain, swelling, soreness, warmth, induration and/or redness at the injection site. A low-grade fever may occur. The most common systemic adverse events reported are asthenia/fatigue, myalgia and headache. Hypersensitivity reactions and anaphylaxis can occur but are very rare. In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use: Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone must be available for immediate use. In case of anaphylaxis:-

	• Refer to adrenaline (epinephrine) PGD 0017 and anaphylaxis policy • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E • Ensure reaction is fully documented in patient notes • Ensure all patient records are marked **ALLERGIC TO PNEUMOCOCCAL POLYSACCHARIDE VACCINE PPV23 (Pneumovax® 23)** and specify type of reaction**.** • The patient may be advised to wear a MedicAlert or similar device to alert other healthcare providers Report via Datix system. Rarely, injection site cellulitis has been reported. Other adverse events have been reported in clinical trials and post-marketing surveillance but the frequency of these is not known. This list is not exhaustive - a detailed list of adverse reactions is available in the vaccine's SPC, which is available from the electronic Medicines Compendium website.
Reporting procedure of adverse reactions	Healthcare professionals and individuals/parents/ carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card app in the Google Play or Apple App Store. For established medicines, serious adverse events in adults or all suspected adverse reactions in children that may be attributable to the vaccine should be reported. Guidance on the yellow card system is available at the back of the BNF or using the above link. Any adverse reaction to a vaccine should be documented in the individual's record and the individual's GP should be informed. All significant adverse drug reactions and any administration errors must be recorded via PTHB Once for Wales Reporting System.
Written information to be given to patient or carer	Offer the marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine. Draw patient's or representative's attention to the patient information leaflet. Give appropriate advice if medication is used off-label.

	Immunisation promotional material may be provided as appropriate: • Splenectomy leaflet Available from: www.gov.uk/government/collections/immunisation Further information for printing and website links suitable for patients can be found on the Public Health Wales SharePoint site Public Health Wales Immunisation and Vaccine Preventable Disease Programme, NHS direct Wales and Health Information Resources
Patient advice / follow up treatment	• Inform the individual/parent/carer of possible side effects and their management. • Vaccination may not result in complete protection in all recipients. • Individuals at especially increased risk of serious pneumococcal infection (such as individuals with asplenia, splenic dysfunction 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. • The individual/parent/carer should be advised to seek medical advice in the event of an adverse reaction or other cause for concern. Contact GP via surgery or emergency on call service. • When applicable, advise the individual/parent/carer when to return for vaccination or when a subsequent vaccine dose is due.
Special considerations / additional information	• Ensure there is immediate access to adrenaline (epinephrine) 1 in 1000 injection and access to a working telephone at the time of vaccination. • Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. • Individuals who are a contact of pneumococcal disease do not usually require PPV23. Immunisation may be indicated where there is a confirmed cluster of severe pneumococcal disease in a closed setting and should be on the advice of your local Health Protection Team. • Pneumococcal vaccines may be given to pregnant women when the need for protection is required without delay. There is no evidence of risk from vaccinating pregnant women or those who are

	breast-feeding with inactivated viral or bacterial vaccines or toxoids. **Timing of vaccination** Individuals with immunosuppression and HIV infection (regardless of CD4 count) should be given pneumococcal vaccines according to the recommendations. Wherever possible, immunisation or boosting of immunosuppressed or HIV-positive individuals should be either carried out before immunosuppression occurs or deferred until an improvement in immunity has been seen. The optimal timing for any vaccination should be based upon a judgement about the relative need for rapid protection and the likely response. For individuals due to commence immunosuppressive treatments, inactivated vaccines should ideally be administered at least two weeks before commencement. In some cases this will not be possible and therefore vaccination may be carried out at any time and re-immunisation considered after treatment is finished and recovery has occurred. Ideally PPV23 should be given four to six weeks before elective splenectomy or initiation of treatment such as chemotherapy or radiotherapy. Where this is not possible, it can be given up to two weeks before treatment (see Green Book Chapter 25). If it is not practicable to vaccinate two weeks or more before splenectomy, immunisation should be delayed until at least two weeks after the operation. If it is not practicable to vaccinate two weeks or more before initiation of chemotherapy and/or radiotherapy, immunisation should be delayed until at least three months after completion of therapy in order to maximise the response to the vaccine. Immunisation of these individuals should not be delayed if this is likely to result in failure to vaccinate. Splenectomy, chemotherapy or radiotherapy should never be delayed to allow time for vaccination.
Records	Record consultation details as required by local procedures. In addition, record: • that valid informed consent was given, or a decision to treat made in the individual's best interests in

	accordance with the Mental Capacity Act 2005. Record name of representative who gave consent if appropriate. • name of individual, address, date of birth and name and address of GP with whom the individual is registered • medical and drug history taken, including any allergies and previous adverse events • printed name and signature of immuniser • name and brand of vaccine • date and time of administration • dose, form and route of administration of vaccine • manufacturer, batch number and expiry date • quantity administered and anatomical site of vaccination • any reasons for exclusion or referral, including actions taken • advice given, including advice given if excluded or declines immunisation • any advice received from medical cover and advice given to patient/ carer • details of any adverse drug reactions and actions taken • supplied via PGD (include title and version number) Records should be signed and dated (or a password controlled immuniser's record on e-records). All records should be clear, legible and contemporaneous. This information should be recorded in the individual's GP record. Where vaccine is administered outside the GP setting appropriate health records should be kept and the individual's GP informed. The appropriate local Child Health Records Department must be notified using the appropriate documentation/pathway as required by any local or contractual arrangement. If a vaccine is administered to a child up to 18 years of age, forward a notification of vaccination given to Child Health Department (based in Brecon hospital for under 5 years and Llandrindod hospital for school age). A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

Key references

Key references	**Pneumococcal polysaccharide vaccine** • Immunisation Against Infectious Disease: The Green Book Chapter 25 last updated 13 January 2020. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book • Summary of Product Characteristic for Pneumovax® 23vaccine, Merck Sharp & Dohme Limited. Last updated 29 January 2021. • Guidelines for the public health management of clusters of severe pneumococcal disease in closed settings. Updated 21 February 2020.https://www.gov.uk/government/publications/managing-clusters-of-pneumococcal-disease-in-closed-settings • Public Health Link from the Chief Medical Officer for Wales, CEM/CMO/2021/23 6 May 2021 **General** • All Wales Advisory document on Ordering Storage and Handling of Vaccines 7th Edition September 2017 • Welsh Health Technical Memorandum 07-01 Safer management of healthcare waste • National Minimum Standards and Core Curriculum for Immunisation Training. Published February 2018. https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners • NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions. Published March 2017. https://www.nice.org.uk/guidance/mpg2 • NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions. March 2017. https://www.nice.org.uk/guidance/mpg2/resources • https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines • Immunisation Collection https://www.gov.uk/government/collections/immunisation • Vaccine Incident Guidance https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors

Appendix A – Staff Accredited to use Patient Group Direction

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Powys Teaching Health Board or a Powys GP practice for the named healthcare professionals below who have signed the PGD to work under it.

Practitioner: *By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct*.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Name of health professional	**Signature**	**Senior representative authorising health professional**	**Date**

The authorising manager should retain a copy of the list and a copy must be sent to the Medicines Management Team, PTHB, Bronllys Hospital, Powys LD3 0LU for audit purposes.

The healthcare professional should retain a copy of the document after signing.

Appendix B – *Suitable sites for vaccination*

The site should be chosen so that the injection avoids major nerves and blood vessels. The preferred site for IM and SC immunisation is the deltoid area of the upper arm (Figure 1).

The diagram below has been adapted from the Green Book.

Figure 1

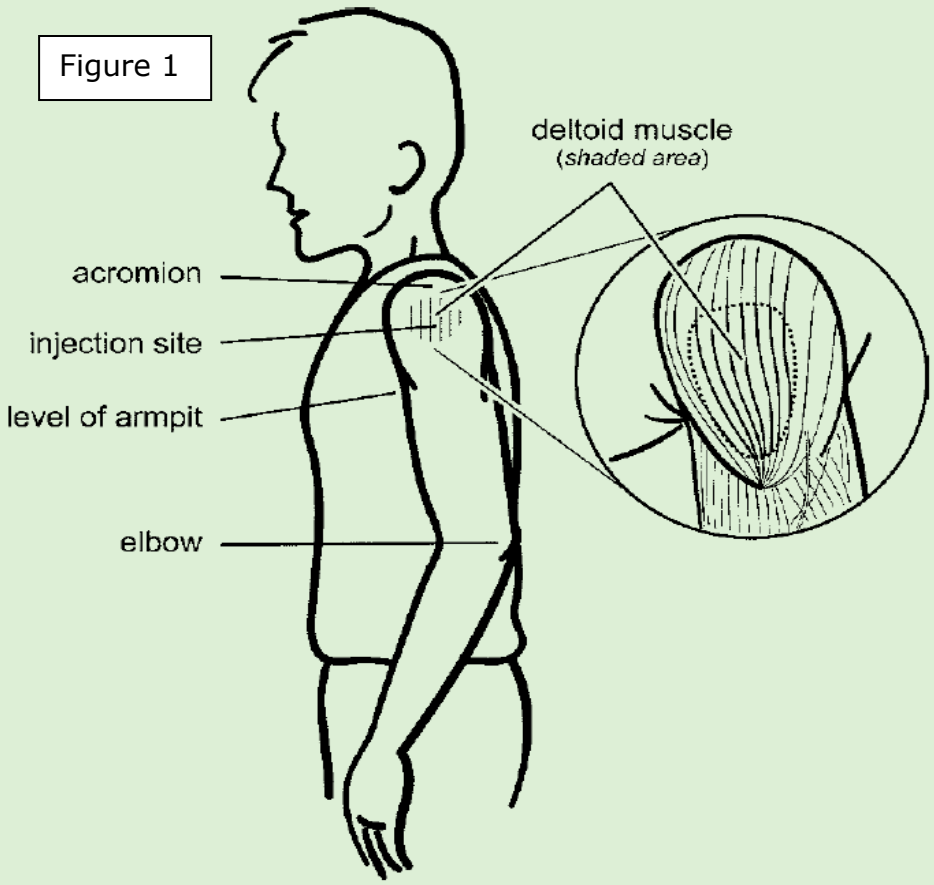

Figure 1: The preferred site for IM and SC immunisation is the deltoid area of the upper arm for children over one year old and adults.