Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys, Brecon, Powys, LD3 0LU

This Patient Group Direction (PGD) must only be used by registered healthcare 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

Hepatitis A virus (inactivated) vaccine (adsorbed)

by registered healthcare professionals

to

individuals considered at high risk of exposure to hepatitis A or post exposure to hepatitis A virus in accordance with national recommendations

in Powys Teaching Health Board

Version number: PGD0088-B

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: PGD0088-B
Valid from: 01/11/2021
Review Date: 01/05/2023
Expiry Date: 31/10/2023

Change History

Version number	Change details	Date
PGD0088	Initial Issue	2/05/2018
PGD0088-A	Review issue PHE adapted PHE Hepatitis A vaccine PGD amended to: insert missing amended paragraph into 'Additional information' section, relating to the hyperlink from the inclusion criteria for MSM.	13/5/21
PGD0088-B	Review issue PHE adapted and amended to include: • phenylalanine content in Avaxim® vaccine and action to be taken • booster dosing delays still provide protection • minor rewording, layout and formatting changes for clarity and consistency with other UKHSA PGD templates	25/10/2021

PGD Authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	5/3/2022
Chief Pharmacist **Jacqui Seaton**	Chief Pharmacist for PTHB	DocuSigned by: Jacqui Seaton 71E8089DE3634C4...	4/29/2022
Senior representative of professional group using the PGD **Claire Roche**	Executive Director of Nursing and Midwifery for PTHB	DocuSigned by: claire roche FC9C4C63FC374A7...	5/3/2022
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	5/4/2022

PGD adoption by the provider

Name	Job title and organisation	Signature	Date
Signatures to be determined locally, if relevant			

1. Characteristics of staff

Qualifications and professional registration	Practitioners must only work under this PGD where they are competent to do so. Practitioners working under this PGD must also be registered professionals 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 this Patient Group Direction
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 administration of medicines • must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs) • must be familiar with the vaccine products 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 • For further information on immunisation training during the COVID-19 pandemic see Guidance on immunisation training during the COVID-19 pandemic • 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 of anaphylaxis • must have access to the PGD and associated online resources • should fulfil any additional requirements defined by local policy **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 and/or NHS England and NHS Improvement and Welsh Government and/or Public Health Wales and/or NHS Wales and other sources of medicines information. **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.**

2. 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 against hepatitis A infection in accordance with national recommendations including: • Chapter 7 and Chapter 17 of Immunisation Against Infectious Disease: "The Green Book" • NaTHNaC - Hepatitis A (travelhealthpro.org.uk) recommendations for hepatitis A vaccination for travel Public health control and management of hepatitis A guidance.

Criteria for inclusion	Adults and children over 1 year old who: • intend to travel, where hepatitis A vaccination is currently recommended for travel by NaTHNaC (see the Travel Health Pro website for country-specific advice on hepatitis A vaccine recommendations) • are at risk of hepatitis A infection because of their sexual behaviour, including men who have sex with men (MSM), see Additional information section • are people who inject drugs (PWID) • have haemophilia • have chronic liver disease (including alcoholic cirrhosis, chronic hepatitis B, chronic hepatitis C, autoimmune hepatitis, primary biliary cirrhosis) Adults and children from 2 months old who: • are recommended hepatitis A vaccine in accordance with Public health control and management of hepatitis A guidance Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained prior to administration. Medical and drug history taken, no reason for exclusion NB Refer to PTHB Consent to Treatment and Examination Policy Any vulnerable adult or child protection concerns should be referred to Safeguarding PTHB safeguarding policies followed. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advise from the local Safeguarding team should be sought (see below).
Criteria for exclusion (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)	Individuals for whom valid consent, or 'best-interests' decision, in accordance with theMental Capacity Act 2005, has not been obtained or received (for further information on consent see Chapter 2 of 'The Green Book'). The Patient information leaflet (PIL) for the vaccine to be used should be available to inform consent. 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 under one year of age, with the exception of those over 2 months of age requiring vaccination in accordance with Public health control and management of hepatitis A guidance • have had a confirmed anaphylactic reaction to a previous dose of hepatitis A vaccine or to any component of the vaccine (including trace components from the manufacturing process which may include formaldehyde, neomycin, ethanol, phenylalanine (see Cautions), polymixin B, egg products or chicken protein see SPCs) • are at increased risk of hepatitis A infection because of their occupation • are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation)
Cautions including any relevant action to be taken	VAQTA®, and VAQTA® Paediatric, syringe plunger stopper and tip cap contain dry natural latex rubber that may cause allergic reactions. As a precaution, if an individual has a history of severe (anaphylactic) allergy to latex, vaccines supplied in vials or syringes that contain latex should not be administered, unless the benefit of vaccination outweighs the risk of an allergic reaction to the vaccine. If possible, an alternative latex-free vaccine should be administered (such as AVAXIM® or Havrix®). Individuals who are immunosuppressed or have HIV infection may not make a full antibody response and revaccination on cessation of treatment/recovery may be required. This should be discussed with the appropriate/relevant specialist. Avaxim® vaccine contains 10 microgram phenylalanine in each 0.5 ml dose, which is equivalent to 0.17 microgram/kg for a 60 kg person. Phenylalanine may be harmful for individuals with phenylketonuria (PKU). The amount in the vaccine is unlikely to adversely affect individuals with PKU, but they should be advised Avaxim® vaccine contains 10 micrograms of phenylalanine. These individuals will be well versed as to the amounts they can tolerate in their diet. If available offer an alternative vaccine. Havrix® Monodose® also has trace amino acids, so VAQTA® would be the preferred option. Alternatively, seek advice from the specialist endocrinologist/metabolic

	physician looking after the individual with PKU to confirm they are content for them to have Avaxim®. Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints. 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 686520.
Action to be taken if the patient is excluded	Individuals under one year of age are not recommended pre-exposure hepatitis A vaccination. Individuals from 2 months of age may be considered for immunisation in accordance with Public health control and management of hepatitis A. Where vaccine is not recommended (and even when it is), the importance of stringent hygiene measures should be reinforced. Individuals who have had a confirmed anaphylactic reaction to a previous dose of hepatitis A vaccine or any components of the vaccine should be referred to a clinician for specialist advice and appropriate management.

	Individuals who are solely at occupational risk of hepatitis A exposure should be referred to their employer's occupational health provider for vaccination. Individuals suffering acute severe febrile illness should postpone immunisation until they have recovered; immunisers should advise when the individual can be vaccinated and ensure another appointment is arranged. 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. 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 and recorded appropriately. Where a person lacks the capacity, in accordance with the Mental Capacity Act 2005, a decision to vaccinate may be made in the individual's best interests. For further information on consent see Chapter 2 of 'The Green Book'. Advise the individual/parent/carer about the protective effects of the vaccine, the risks of infection and potential complications. Document advice given and the decision reached. Inform or refer to the GP as appropriate.
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.

3. Description of treatment

Name, strength & formulation of drug	Hepatitis A (inactivated) vaccine (adsorbed), either: • **Havrix® Monodose®** vaccine, hepatitis A virus1440 ELISA units in a pre-filled syringe or vial

	• **Havrix® Junior Monodose®** vaccine, hepatitis A virus 720 ELISA units in a pre-filled syringe or vial • **AVAXIM®**, hepatitis A virus, (GBM strain) 160 U*, suspension for injection in a pre-filled syringe • **VAQTA® Adult**, hepatitis A virus (strain CR 326F) 50 U* suspension for injection in a pre-filled syringe or vial • **VAQTA® Paediatric**, hepatitis A virus (strain CR 326F) 25 U* suspension for injection in a pre-filled syringe or vial *In the absence of an international standardised reference, the antigen content is expressed using an in-house method of the manufacturer. An appropriate vaccine product should be selected for the patient group to be treated see Dose and Frequency of Administration.
Legal category	Prescription Only Medicine (POM)
Black triangle▼	No
Off-label use	Hepatitis A vaccine may be administered off-label to infant hepatitis A contacts from 2 months of age in accordance with Public health control and management of hepatitis A guidance. Administration of Havrix® Monodose or Havrix® Junior Monodose® by deep subcutaneous injection to individuals with a bleeding disorder is off-label administration but is in line with advice in Chapter 4 and Chapter 17 of 'The Green Book'. Licensed administration of another brand of hepatitis vaccine where available may be considered as an alternative. 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 the 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/method of administration	Administer by intramuscular injection into the deltoid region of the upper arm. In small infants the anterolateral thigh may be used. The buttock should not be used because vaccine efficacy may be reduced. 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 was given should be noted in the individual's records **(See Appendix B).** For individuals with a bleeding disorder, vaccines normally given by an intramuscular route should be given in accordance with the recommendations in the 'Green Book' Chapter 4. The suspension for injection may sediment during storage. Shake the vaccine well before administration to obtain a slightly opaque, white suspension. 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	Current UK licensed hepatitis A vaccines contain different concentrations of antigen per millilitre (see table below). The choice of vaccine and dose used should be guided by the individual's age, immunocompetence and dose recommendations in the vaccine manufacturer's SPC.

	<table><tr><th>Vaccine</th><th>Age (licenced use)</th><th>Dose</th><th>Volume</th></tr><tr><td>Havrix Monodose®</td><td>16 years or over</td><td>1440 ELISA units</td><td>1.0ml</td></tr><tr><td>Havrix® Junior Monodose®</td><td>One to 15 years</td><td>720 ELISA units</td><td>0.5ml</td></tr><tr><td>AVAXIM®</td><td>16 years or over</td><td>160 antigen units*</td><td>0.5ml</td></tr><tr><td>VAQTA® Adult</td><td>18 years of age and older</td><td>50 units*</td><td>1ml</td></tr><tr><td>VAQTA® Paediatric</td><td>One to 17 years</td><td>25 units*</td><td>0.5ml</td></tr><tr><td colspan="4">*in the absence of an international standardised reference, the antigen content is expressed using an in-house method of the manufacturer</td></tr></table> **Primary course:** single dose (see table above). Vaccination should ideally occur at least 2 weeks prior to possible exposure to infection with hepatitis A. For travellers, vaccine should preferably be given at least two weeks before departure, but can be given up to the day of departure. **Reinforcing immunisation:** for those who require long-term, or subsequent, protection against infection caused by hepatitis A virus a single reinforcing dose (see table above) should be given leaving a minimum interval of 6-12 months after the first dose. Studies have shown successful boosting can occur even when the second dose is delayed for several years, so a course does not need to be re-started. Hepatitis A containing vaccines may be used interchangeably, as appropriate, to complete a course. Until further evidence is available on persistence of protective immunity, a further booster at 25 years is indicated for those at ongoing risk.
Duration of treatment	Dependent on vaccine schedule, see Dose and frequency of administration
Quantity to be supplied / administered	Dose of 0.5ml or 1.0ml per an administration depending on the age of the individual and vaccine product used, see Dose and frequency of administration.

Supplies	Hepatitis A vaccine is not usually centrally supplied and should be obtained directly from manufacturers/ wholesalers unless otherwise advised by Public Health Wales/Welsh Government. Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage (see the 'Green Book' Chapter 3). Also refer to All Wales Advisory document on Ordering Storage and Handling of Vaccines.
Storage	Store at between +2°C to +8°C. Store in original packaging in order to protect from light. Do not freeze. Stability data indicate that Havrix® Monodose® and Havrix® Junior Monodose® vaccine is stable at temperatures up to 25°C for 3 days. These data are intended to guide healthcare professionals in case of temporary temperature excursion only. This PGD may be used to administer vaccine that has not exceeded these stability data parameters. 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. 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). 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 regulations and guidance in the 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	Immunological response may be diminished in those receiving immunosuppressive treatment. Vaccination is recommended even if the antibody response may be limited. May be given at the same time as other vaccines. A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Identification & management of adverse reactions	Adverse reactions to hepatitis A vaccines are usually mild and confined to the first few days after immunisation. The most common reactions are mild, transient soreness, erythema and induration at the injection site. A small, painless nodule may form at the injection site; this usually disappears and is of no consequence. General symptoms such as fever, malaise, fatigue, irritability, drowsiness, headache, myalgia, arthralgia and gastrointestinal symptoms including nausea, vomiting, diarrhoea, abdominal pain and loss of appetite are reported less frequently. Hypersensitivity reactions and anaphylaxis can occur but are very rare. A detailed list of adverse reactions is available in the vaccine's SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Reporting procedure of adverse reactions	As with all vaccines, healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme at http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store.

	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 marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine.
Patient advice / follow up treatment	Inform the individual/carer of possible side effects and their management. The individual/carer should be advised to seek medical advice in the event of an adverse reaction. When applicable, advise the individual/parent/carer when the subsequent dose is due. When administration is postponed advise the individual/parent/carer when to return for vaccination. Advise the individual/parent/carer of preventative measures to reduce exposure to hepatitis A including careful attention to food and water hygiene and scrupulous hand washing. Give advice regarding normal reaction to the injection, for example redness and pain at the injection site (see Identification and management of adverse reactions).
Special considerations / additional information	Further guidance on vaccination during the COVID-19 pandemic is available in COVID-19 and immunisation programmes. Ensure there is immediate access to adrenaline (epinephrine) 1 in 1000 injection and access to a telephone at the time of vaccination. Immunisation is recommended for MSM and they should also be informed about the risks of hepatitis A, and about the need to maintain high standards of personal hygiene during sex. There is no evidence of risk from vaccinating pregnant women or those who are breast feeding with inactivated vaccines. Since hepatitis A vaccine is an

	inactivated vaccine, the risks to the foetus are negligible and it should be given where there is a definite risk of infection. Hepatitis A vaccine will not prevent infection caused by other pathogens known to infect the liver such as hepatitis B, hepatitis C and hepatitis E viruses.
Records	Record: • that valid informed consent was given or a decision to vaccinate made in the individual's best interests in accordance with the Mental Capacity Act 2005 • name of individual, address, date of birth and GP with whom the individual is registered • name of immuniser • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • quantity administered • batch number and expiry date • anatomical site of vaccination • advice given, including advice given if excluded or declines immunisation • details of any adverse drug reactions and actions taken • supplied via PGD, record PGD version number Records should be signed and dated. All records should be clear, legible and contemporaneous. When vaccine is administered to individuals under 19 years of age, the local Child Health Records Department must be notified using the appropriate documentation/pathway as required by any local or contractual arrangement. 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). 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.

	A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

4. Key references

Key references	**HepA vaccine:** • Immunisation Against Infectious Disease: The Green Book Chapter 4, updated June 2012, Chapter 7, updated10 January 2020, and Chapter 17, updated 04 December 2013. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book • Summary of Product Characteristic for AVAXIM®, Sanofi Pasteur. Last updated 14 April 2021 https://www.medicines.org.uk/emc/medicine/6206 • Summary of Product Characteristic for Havrix® Junior Monodose®, GlaxoSmithKline UK. Last updated 19 November 2020 https://www.medicines.org.uk/emc/medicine/2040 • Summary of Product Characteristic for Havrix® Monodose®, GlaxoSmithKline UK. Last updated 19 November 2020 https://www.medicines.org.uk/emc/medicine/2041 • Summary of Product Characteristic for VAQTA® Paediatric, MSD Ltd. Last updated 29 January 2021 https://www.medicines.org.uk/emc/product/1397/smpc • Summary of Product Characteristic for VAQTA® Adult, MSD Ltd. Last updated 29 January 2021 https://www.medicines.org.uk/emc/medicine/6210 • NaTHNaC recommendations for hepatitis A vaccination for travel. Accessed 20 September 2021 https://travelhealthpro.org.uk/disease/70/hepatitis-a • Public health control and management of hepatitis A guidance. Public Health England. Published June 2017 Updated 16 November 2018 https://www.gov.uk/government/publications/hepatitis-a-infection-prevention-and-control-guidance

	General • Health Technical Memorandum 07-01: Safe Management of Healthcare Waste. Department of Health 20 March 2013 https://www.gov.uk/government/publications/guidance-on-the-safe-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. Updated March 2017. https://www.nice.org.uk/guidance/mpg2/resources • PHE Immunisation Collection https://www.gov.uk/government/collections/immunisation • PHE Vaccine Incident Guidance https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors • 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 • "Vaccine Incident guidance: responding to vaccine errors" – PHE Guidance; last updated 22 January 2020 • COVID 19 and immunisation programmes additional guidance available at: http://nww.immunisation.wales.nhs.uk/covid-19-and-immunisation-programmes

Appendix A – Staff Accredited to use the 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 (Authorising Manager)	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 sites for IM and SC immunisation are the deltoid area of the upper arm (Figure 1) or the anterolateral aspect of the thigh (Figure-2). The anterolateral aspect of the thigh is the preferred site for infants under one year old, because it provides a large muscle mass into which vaccines can be safely injected.

Diagrams below have been adapted from the Green Book.

Figure 1

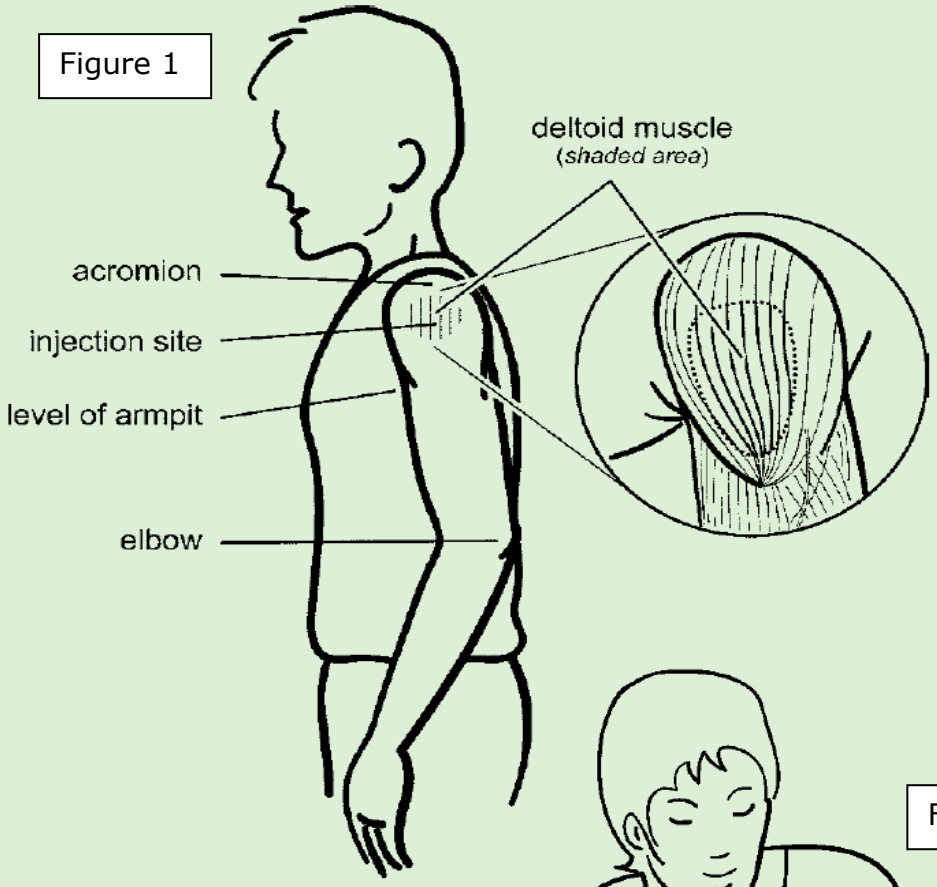

Figure 1: The preferred sites for IM and SC immunisation is the deltoid area of the upper arm for children over one year old and adults.

Figure 2

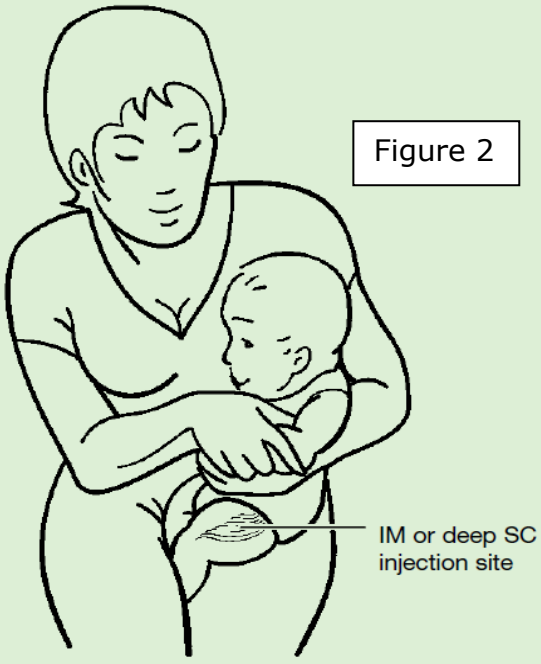

Figure 2: The anterolateral aspect of the thigh preferred site for intramuscular and deep subcutaneous injections in infants under one year of age