PATIENT GROUP DIRECTION (PGD) FOR

(Td/IPV - Revaxis)

Low-dose DIPHTHERIA, TETANUS, and Inactivated POLIO Vaccine

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Condition	
Indication	Immunisation against Diphtheria, Tetanus and Polio in adults and adolescents over 10 years of age. Intended for use by school nurses and within MIU. Not for travel.
Inclusion criteria	Primary immunisation of unimmunised adults and adolescents. Booster doses to ensure all adults have received the complete course of 5 doses. Immunisation following injuries: Patients with tetanus-prone wounds who have not received the full 5 dose course of tetanus vaccine **or** whose immunisation status is unknown. *A tetanus prone wound is:* o *Any wound or burn that requires surgical intervention that is delayed for more than 6 hours.* o *Any wound or burn in patients who have systemic sepsis.* o *Any wound or burn with significant degree of devitalised tissue, particularly where there has been contact with soil or manure.* o *A puncture type wound where there has been contact with soil or manure.* o *Wounds containing foreign bodies* o *Compound fractures* o *Skin abscesses in injecting drug users* Please also consider (or seek advice on) administering tetanus immunoglobulin in patients with unknown or incomplete tetanus vaccination status or those who are immunocompromised.
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Child under 10 years of age Prior anaphylactic reaction to diphtheria, tetanus and poliomyelitis or neomycin, streptomycin or polymixin B (which may be present in trace amounts) Fever or acute severe systemic illness - immunisation should be postponed recovered. Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. Current neurological deterioration, including poorly controlled epilepsy: immunisation should be deferred until an underlying cause is found and the condition stabilised (see green book). Completed a primary vaccination course, or received a booster of diphtheria or tetanus within the previous five years

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Further information	Those with a history of a severe or mild systemic or local reaction within 72 hours of a preceding dose should continue to have the vaccine despite fever irrespective of severity, hypotonic-hyporesponsive episode (HHE), persistent crying or screaming for more than three hours or severe local reaction, irrespective of extent (green book). If any individual attends for a booster dose & has a history of receiving a vaccine following a tetanus prone wound, attempts should be made to ascertain what vaccine was given. If the vaccine contained all three antigens and was given at the appropriate interval, then the booster is not required. Otherwise the dose given at the time of injury should be discounted as it may not give satisfactory protection against all antigens and the booster dose should be given. If they are known to have received a tetanus containing vaccine within the last 12 months, the booster should be delayed. Pregnancy / breastfeeding - tetanus containing vaccines may be given when protection is required without delay (green book). Individuals with severe latex allergy – call manufacturer to check whether the batch has any latex contamination. This vaccine does not contain thiomersal
Seek further advice from GP or Public Health England	People with immunodeficiency or being treated with immunosuppressant therapy.
Action if patient declines or is excluded	Specialist advice must be sought on the vaccines and circumstances under which they could be given. The risk to the individual of not being immunised must be taken into account. Advise about the protective effects of the vaccine and the risks of infection and disease complications. Inform or refer to GP as appropriate.

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Drug Details	
Name, form & strength of medicine	Adsorbed low dose diphtheria, tetanus, and Inactivated Polio Viruses vaccine (Td/IPV - Revaxis) sterile liquid suspension supplied in a single dose (0.5ml) pre-filled syringe.
Legal status	Prescription only medicine (POM)
Route/Method	Td/IPV vaccine should be administered via the intramuscular route into the upper arm. Individuals on anticoagulant therapy or coagulation disorders should be considered for deep subcutaneous injection due to risk of bleeding, however sub cut there is an increased risk of local reactions Td/IPV vaccine can be given at the same time as other vaccines including MMR, MenC and hepatitis B vaccine but at a different injection site (at least 2.5cm apart), preferably in a different limb. Td/IPV vaccine is compatible with previously administered Td and oral polio vaccines The suspension may sediment during storage and should be shaken to distribute the suspension uniformly before administration.
Dosage	0.5ml

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Frequency	**Primary course**: In previously unimmunised adults and children over 10 years of age consists of THREE doses administered at one month intervals or where there is no history of a primary course of diphtheria, tetanus and polio vaccination. If the primary course is interrupted it should be resumed, but not repeated, allowing an interval of one month between remaining doses. **Boosters:** ▪ One dose at least 5 years after primary course for those who have received four previous doses as part of the childhood routine immunisation schedule. ▪ One dose at least 5 years after primary course for those who have received three previous doses, the second booster ten years later (or 5 years minimum if this coincides with a scheduled appointment or school session). ▪ If any adults or adolescents attends for a booster dose & has a history of receiving a vaccine following a tetanus prone wound, attempts should be made to ascertain what vaccine was given. If the vaccine contained all three antigens and was given at the appropriate interval, then the booster is not required. Otherwise the dose given at the time of injury should be discounted as it may not give satisfactory protection against all antigens and the booster dose of Revaxis should be given. If they are known to have received a tetanus containing vaccine within the last 12 months, the booster should be delayed. ▪ All people need a total of five doses of tetanus, diphtheria and polio vaccines to build up and keep their immunity.
Side effects	Provide manufacturer's information leaflet Pain, swelling or redness at the injection site are common. A small painless nodule may form at the injection site and may disappear and is of no consequence. Vertigo, headache, nausea, vomiting, fever
Advice to patient/carer	Advice on the control of fever It is **not** recommended to use paracetamol or ibuprofen to prevent fever since this may lower response to vaccine If there are any concerns about the child's health or adverse effects to the vaccination to contact their clinic, GP or A & E.

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Staff Characteristics	
Professional qualifications	Registered nurses and paramedics
Specialist competencies or qualifications	Is familiar with Green Book / website and CMO letters regarding (childhood) immunisation. Is competent to carry out clinical assessment of patient for immunisations and tetanus. Has completed the PGD online Open Learning Package and is therefore competent to supply and administer medicines under PGDs in this trust.Is trained in the management of anaphylaxis.
Continuing education & training	The practitioner should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.
Referral Arrangements and Audit Trail	
Records/audit trail	Patient's name, address, date of birth. Contact details of GP. Reason for the vaccination. Dose and form administered, batch details and expiry. Advice given to patient (including side effects). Signature/name of staff who administered the medication. Details of any adverse drug reaction and actions taken including documentation in the patient's medical record Referral arrangements (including self-care). Record use of PGD on departmental log sheets.
References	Current versions of Immunisation against infectious diseases, Summary of Product Characteristics, British National Formulary
Clinical Authorisation	
Lead Doctor	Dr John Devapriam, Medical Director Signature: Date: 9/7/19
Lead Pharmacist	Dr Alex Johnson, Prescribing Support Pharmacist Signature: Date: 10.7.19
Organisational Authorisation	
On behalf of Worcestershire Health and Care Trust	Michelle Clarke, Director of Nursing & Quality Signature: Date: 6/7/19
Patient Group Direction Peer Reviewed by	
Senior MIU nurses	

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Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Professional	Signature	Authorising Manager	Date