

Good Practice Guidance

Seasonal 'flu vaccination for care home residents

For prescribers and all staff responsible for administering 'flu vaccines in care homes

Background

All care home residents should be offered the seasonal influenza vaccine. The objectives of the influenza immunisation programme is to:

- Protect those who are most at risk of serious illness or death should they develop 'flu
- Reduce transmission of the infection to both staff and residents

Advice on who can have the flu vaccine can be found [here](#)

Consent

Health care professionals (HCP) administering the influenza vaccine to care home residents must:

- Obtain consent
 - Ensure residents who have capacity have consented to be vaccinated
 - Act in the best interests for residents without capacity involving family where possible
- Document consent
- Document any refusal of an offer of a vaccination to residents with capacity
- In case of postponement due to acute illness, advise when the individual can be vaccinated and ensure another appointment is arranged.

Residents' relatives, friends, or care home staff who do not have the appropriate legal powers to provide consent **cannot** sign vaccination 'consent' forms or give verbal consent on behalf of a resident.

The [MDU](#) has some very useful guidance on consent and capacity in relation to administration of influenza vaccine to care home residents. For further information on consent see:

- <http://www.nhs.uk/Conditions/Consent-to-treatment/Pages/Capacity.aspx>
- http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp
- https://www.england.nhs.uk/wp-content/uploads/2017/08/20-21_Service_specification_for_seasonal_flu_FINAL.pdf

Authorising administration

HCPs who administer and/or supply prescription only medicines (POMs) should have appropriate authorisation and instruction through either a:

- signed prescription
- signed Patient Specific Direction (PSD)
- authorised Patient Group Direction (PGD)

Vaccines may be administered by a GP or Non-Medical Prescriber (NMP). GPs and NMPs may also authorise others to administer vaccines, there are two mechanisms:

1- Patient Group Direction (PGD) –in commissioned NHS services

- A PGD is a written instruction for the supply and/or administration of a named licensed medicine to groups of patients for a defined clinical condition or clinical circumstance.
- PGDs are governed by the Human Medicines Regulations 2012 and later amendments.

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- PGDs allows specified registered HCPs to supply and/or administer a medicine directly to a patient with an identified clinical condition or in a certain situation (such as residents in a care home) without a prescription or an instruction from a prescriber and without them necessarily seeing a prescriber. This includes Community Pharmacy contractors, who are also able to vaccinate care homes residents and staff in care homes with PGD authorisation through NHS pharmacy services.
- The HCPs working within the scope of the PGD is responsible for assessing that the patient fits the criteria set out in the PGD. The HCP who carries out the assessment under the PGD cannot delegate supply and/or administration to another member of staff.
- HCPs who will be using the PGD must be named and authorised before they use it to provide care.
- An appropriate member of staff, e.g. GP, practice manager or lead nurse should be responsible for authorising the HCPs in each organisation.
- Practitioners should keep a copy of their individual authorisation and have the current authorised PGD available for reference.

For a full list of all registered professionals who can legally supply and administer under a PGD, please refer to the national [Flu PGD 2021/2022](#)

PGD authorised by the NHS cannot be used to authorise administration of vaccines by non-NHS staff employed in care homes.

- Medicines do not need to be labelled if supplied under a PGD for immediate administration.
- Patient information leaflets must be supplied

2- Patient Specific Direction (PSD)

- A PSD is the traditional written instruction, signed by a doctor, dentist, or NMP for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- In practice a PSD is commonly referred to as a prescription. It could be an electronic record made in the patient notes where it is identifiable to the prescriber.
- Where a PSD exists, there is no need for a PGD.

A PSD can also be an instruction to administer a medicine to a list of patients. Each patient on the list must be individually assessed by that prescriber. The prescriber must have knowledge of the patient's health and be satisfied the medicine meets the individual needs of each patient on that list.

The PSD **must be signed by the GP or NMP responsible** for the residents' care and must specify:

- name(s) of patient(s)
- name of vaccine (brand)
- name of manufacturer
- route of administration
- site of administration
- date of administration
- signature of prescriber

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Responsibilities and accountability with PSDs

- The prescriber is responsible for assessing the patient and making the decision to allow the supply or administration of the medicine.
- The prescriber must be satisfied that the person to whom administration is delegated has relevant qualifications, experience, knowledge and skills.
- A person supplying or administering medicine must be trained and competent and they must act in line with their level of competence and the directions of the prescriber.

A copy of all signed PSDs used must be retained in line with the requirements of the [Records Management Code of Practice for Health and Social Care 2016](#).

Administration

Any person administering a vaccine must have the necessary skills and training and must be competent to administer the vaccine and be able to identify adverse reactions.

The [National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners](#) and the [National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers](#) describe the minimum training, assessment and supervision that should be provided to those with a role in advising on or delivering immunisations.

Employers must ensure anyone involved in administering influenza vaccine has undertaken additional core training to enable them to carry out their role safely e.g. Basic Life support management of anaphylaxis, safeguarding, infection prevention and control and information governance.

The inactivated influenza vaccines should normally be administered into the upper arm preferably by intramuscular injection. Influenza vaccines licensed for intramuscular or subcutaneous administration may alternatively be administered by the subcutaneous route.

Individuals on stable anticoagulation therapy, including warfarin who are up-to-date with their scheduled International Normalised Ratio (INR) testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual's anticoagulant therapy.

Contra-indications

There are very few individuals who cannot receive any influenza vaccines.

None of the influenza vaccines should be given to those who have had:

- a confirmed anaphylactic reaction to a previous dose of the vaccine, or
- a confirmed anaphylactic reaction to any component of the vaccine (other than ovalbumin—refer to summaries of product characteristics (SPC))

The (SPC) for individual products should always be referred to when deciding which vaccine to give to which resident. This information can be found at <https://www.medicines.org.uk/emc#gref>.

Where there is doubt, appropriate advice should be sought promptly from the screening and immunisation team in the NHS England area team so that the period the individual is left unvaccinated is minimised.

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Adverse reactions to the influenza vaccine

HCPS staff administering vaccinations must be fully trained to recognise and deal with adverse events and anaphylaxis.

Pain, swelling or redness at the injection site, low grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are among the commonly reported symptoms after intramuscular or intradermal vaccination. A small painless nodule (induration) may also form at the injection site. These symptoms usually disappear within one to two days without treatment.

Immediate reactions such as urticaria, angioedema, bronchospasm, and anaphylaxis can occur. A protocol for the management of anaphylaxis and use of adrenaline (epinephrine) 1:1000 injection should be available to the HCP in the care home. The vaccines and adrenaline should be supplied by the GP practice with whom the resident is registered as a patient.

See the following NHS choices link for more information:

<http://www.nhs.uk/Conditions/vaccinations/Pages/flu-vaccine-side-effects.aspx>

Recording

The care home must keep its own records of vaccines administered to residents, ideally in care plans, even when these are administered by NHS staff. The recording of vaccine administration should include the following:

- Vaccine name, manufacturer, batch number & expiry date
- Route of administration - Intramuscular (IM) Subcutaneous (SC)
- Site where vaccine was administered
- Date of administration
- Name of healthcare professional administering and their signature
- Whether the vaccine was administered under PGD or PSD authorisation. If PSD also record name of authorising clinician.

Full details must also be sent to the GP Practice for audit and recording purposes and to facilitate recall.

Storage

Seasonal influenza vaccines should be stored in a specialist refrigerator (+2°C to +8°C). Vaccines should NOT be stored in a domestic refrigerator. Fridge temperatures should be checked daily using a maximum/minimum thermometer. The cold chain must be maintained during any transfer of the vaccines to care homes.

Co-administration of inactivated 'flu vaccines with COVID-19 vaccines

A UK study of co-administration of AstraZeneca and Pfizer BioNTech COVID-19 vaccines with inactivated influenza vaccines confirmed acceptable immunogenicity and reactogenicity (Lazarus et al, 2021). Where co-administration does occur, patients should be informed about the likely timing of potential adverse events relating to each vaccine. If the vaccines are given together, HCPs should ensure they administer at different injection sites i.e. right arm and left arm. If the vaccines are not given together, they can be administered at any interval, although separating the vaccines by a day or two will avoid confusion over systemic side effects. Please ensure all appropriate details of the 'flu vaccine and COVID 19 vaccine administration are clearly documented on the resident's care plan and GP records.

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Management of outbreaks of influenza-like illness (ILI) in care homes

Recognising outbreaks

The Public Health England (PHE) definition of influenza-like illness (ILI) in care home residents maintains a degree of specificity to support public health action within the care home setting by including a raised temperature of 37.8°C or higher. However, it is acknowledged that older persons may not always develop a fever with influenza.

Definition for an Outbreak of Confirmed Influenza

At least one laboratory confirmed case of influenza **AND** one or more cases which meet the clinical case definition of ILI*, among individuals (residents or staff) with an epidemiological link to the care home, arising within the same 48-hour period.

* The PHE ILI case definition for use in care homes is as follows:

- (i) Oral or tympanic temperature $\geq 37.8^{\circ}\text{C}$ AND one of the following: acute onset of at least one of the following acute respiratory (AR) symptoms: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing OR
- (ii) an acute deterioration in physical or mental ability without other known cause

Report outbreaks to your local health protection team seven days a week

In the event of an outbreak of infectious disease such as 'flu in a care home, your health protection team will provide further guidance on outbreak management as well as checklists on how to control the spread of infection.

To report an outbreak during office hours (Mon-Fri 9am-5pm), **telephone: 0344 225 3861** and select the extension of your local team: 2 Hampshire, 3 Surrey, 4 Thames Valley.

When call outside of office hours, please telephone 08449670083

Enter the care home's postcode in the following web link to find details of your local health protection team: www.gov.uk/health-protection-team

Prescribing of antiviral agents for the treatment and prophylaxis of seasonal influenza

For treatments and prophylaxis of seasonal 'flu in care homes, please refer to PHE guidance:

[PHE guidance on use of antiviral agents for the treatment and prophylaxis of influenza \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

References

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