Guidelines for Vaccinations in General Practice

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Guideline document - overview

Use in promotion of best practice in delivery of vaccination programme

Medication Protocol use in general practice
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Further copies available from NIO
Electronic copy view at www.immunisation.ie
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Purpose of document

To provide guidance for best practice for vaccinations carried out in general practice on behalf of the Health Service Executive (HSE).

A multidisciplinary committee was established in early 2012 to develop these guidelines which aim to inform relevant staff in general practice and the HSE about procedures to be followed for vaccinations given in general practice.
Committee Membership

- Dr Brenda Corcoran, Consultant in PHM, NIO (Chairperson)
- Ms Siobhan Jordan/Ms Roisin Doogue (reviewer), IPNA
- Ms Frances Heaney, Child Health
- Ms Shirley Kane, Primary Care Unit
- Ms Ann McGill, PDC for Practice Nurses, Donegal
- Ms Ger McGoldrick /Ms Marianne Healy, Director of PHN
- Dr Mary O’Meara, SMO, NIO (until April 2012)
- Ms Mary O’Rourke, HSE Contracts Office
- Dr Conor O’Shea, ICGP
- Ms Lesley Smith, GM ICT Project, NIO
- Ms Jane Ward, Assistant Director of PHN with responsibility for immunisation
Scope of Guidelines

The clinical & administrative guidelines apply to:

- General Practitioners (with Immunisation Contract)
- Practice Nurses
- Practice Administrators involved in vaccinations on behalf of the HSE &
- HSE staff
- Medical Officers
- Specialist Immunisation Nurses
- HSE Administrators supporting vaccine administration in general practice.
Supporting documentation:

**Immunisation Guidelines for Ireland**

**A Practical Guide to Immunisation, National Immunisation Office, 2008**

**Immunisation training slides for Health Professionals, National Immunisation Office 2011**

**Summary of Product Characteristics (SmPCs) for each of the vaccines available at**
www.imb.ie or www.medicines.ie
Immunisation schedules

The National Immunisation Advisory Committee (NIAC) is an independent committee of the Royal College of Physicians of Ireland comprising of experts in a number of specialties including infectious diseases, paediatrics, public health, microbiology, occupational health, general practice and nursing. NIAC guidance is regularly updated and it is essential that all staff involved in vaccination check the updated chapters.

All staff should promote and support the recommended child and adult Immunisation schedules for Ireland.
Set up and training

- In order to provide childhood vaccination a GP must hold a current contract under the Primary Childhood Immunisation Programme. New applications should be made to the Local Health Office.

- Once the contract is in place the GP should make contact with the HSE National Cold Chain Service, complete a set up form and will then receive a vaccine delivery schedule.

- Changes in practice addresses, additional practices or movement between practices must be notified in writing to the HSE.
Set up and training

- Staff involved in vaccination should ensure that they have training in Basic Life Support and where possible Anaphylaxis, and that retraining is sought in accordance with best practice i.e. every 2 years.

- The GP should ensure that all general practice staff involved in the provision of vaccination in general practice are aware of all relevant guidelines and should facilitate any training required.
Vaccinations administered in general practice on behalf of the HSE are part of a national strategy to protect children and adults from infectious diseases through vaccination and include:

- Primary Childhood Immunisation Programme
- Schools Immunisation Programme (*PSB giving by GP in N/W)
- Seasonal influenza and pneumococcal polysaccharide vaccination campaigns
- Vaccination of late entrants/defaulters from vaccination programmes
- Vaccinations carried out for public health and occupational health purposes
Vaccination delivery in General Practice

- This section outlines the roles and responsibilities of general practice staff involved to ensure the safe and effective delivery of the immunisation programme. Roles and responsibilities may be assigned on a local basis according to the professional qualifications and expertise of staff.

- There are key tasks important to the efficient running of an immunisation programme which are assigned to a “designated person” to ensure that all staff members know who is responsible for that key task. The person designated to a particular task may change or rotate depending on local arrangements.
Roles and Responsibilities....

**General Practitioner**
- Avail of all opportunities to promote vaccination.
- Prepare an individual Rx or authorise a Medication Protocol prior to vaccine administration
- Assess and Rx for those excluded from MP administration
- Answer questions of parent/guardian/ client
- Inform of possible side effects/post vaccine management
- Remain in building for 15mins post vaccination
- Report adverse events to IMB
Each vaccinator is accountable for his/her own clinical practice and ensures that they are familiar with & adhere to the practices as set out in the guidelines (see Self Assessment of Competency Tool in Appendix D).

- Be available to answer queries from parents/legal guardians/clients being immunised and other members of the general practice team.
- Check all equipment necessary for the administration of the vaccines is in compliance with best practice.
- Have appropriate drugs and equipment available for resuscitation.
- All documentation is available (return form, patient info, vaccine passport)
Essential roles for delegation

- Ordering of vaccines
- Receiving of vaccines from National Cold Chain
- Stock rotation
- Twice daily monitoring of vaccine fridge temperature
- Timely processing of vaccine returns to local immunisation office
- Notify HSE of any reason to terminate communication regarding vaccine uptake
Procedures: prior to vaccination

- Ensures that a GP is present in the building while vaccinations are being given and for 15 minutes after the last vaccine is administered to deal with anaphylaxis or any other adverse events, including syncope that might occur.

- Routine physical examinations and procedures (e.g. measuring temperatures) are NOT recommended for vaccinating persons who appear to be healthy. The client or parent should be asked if they or their child is ill.
Ensures that each client remains in the practice under observation for 15 minutes as most anaphylaxis episodes begin within 15 minutes of vaccination.

Gives parents/legal guardians of children attending for PCI vaccination a copy of the HSE post vaccination information “tear pad” or similar materials outlining simple post vaccination advice.

This advice includes advising parents/legal guardians that children do NOT usually need any medicines including antipyretics or antibiotics after a vaccination. However if a child develops a fever (over 39.5°C) or is sore where the injection was given they can be given paracetamol or ibuprofen.
**Vaccine storage**

**KNOW WHAT’S RIGHT FOR VACCINES**

Vaccines should be stored in a pharmaceutical refrigerator. **Domestic refrigerators should not be used for vaccine storage.**

Do a monthly stock take and check expiry dates
Always use your account number when ordering vaccines
When your vaccines arrive
  - check your order before signing for it
  - place your vaccines in the fridge immediately
  - put new stock at the back of the fridge and shorter dated stock at the front
Never use out of date vaccines
Always keep the temperature between +2°C to +8°C
Store vaccines in their original packaging
Store vaccines on shelves not touching the sides of the fridge
It is recommended that the fridge temperature is checked twice daily
Use a switchless socket or if not available highlight the fridge must not be unplugged
Return all expired vaccines in their original packaging

**In the event of a power failure or breakdown in the “Cold Chain”**
  - keep the fridge door closed
  - contact the National Immunisation Office at 01 867 6108
Vaccines used in Ireland have been licensed by the European Medicines Agency (EMEA) in conjunction with the Irish Medicines Board (IMB). Following licensing of vaccines or other medicines the IMB is events are available on www.imb.ie. The IMB has when appropriate withdrawn products from the Irish market where there have been public safety concerns. Details of adverse events following immunisation should be recorded on the adverse event report form and sent to the Irish Medicines Board.
Nursing and Midwifery Board of Ireland defines medication protocols (MP) as

“written directions that allow for the supply and administration of a named medicinal product by a registered nurse or midwife in identified clinical situations”.

Vaccines are prescription only medicines (POM) requiring a prescription or a MP to be in place prior to their administration.
“MP’s involve the authorisation of the nurse/midwife to supply & administer a medication to groups of patients in an defined situation meeting specific criteria and who may not be individually identified before presentation for treatment”.
The Medication Protocol Framework was developed from a project supported by Nursing and Midwifery Board of Ireland (NMBI, formally ABA) and the National Council. NMBI supports the developments of MP using the nationally recognised template based on International evidence and best practice. MP are Working documents which should be reviewed and updated at least 2yrly or when required.
MP use in General Practice

- Medication Protocols agreed between GP and Practice Nurse
- GP signs to authorise their use
- PN completes ‘self assessment document’, deems herself competent and meets protocol criteria*
- PN informs her indemnifier she is working under MP to deliver vaccines
Nurses working under protocol should do so guided by their scope of practice and should be supported and encouraged to achieve and maintain competence in all areas noted by the authorising general practitioner.
Progress to date….

- Medication Protocols for all Childhood and Seasonal vaccines drafted
- On going negotiations with ICGP to enable peer review of MP drafts in order to disseminate nationally
- Raise awareness of the issues related to current custom and practice
- Encourage general practice to prepare for MP use.