Patient Group Direction (PGD) for the Administration of

COMBINED DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS AND INACTIVATED POLIOMYELITIS VACCINE (Repevax® (dTaP/IPV) / Infanrix-IPV ® (DTaP/IPV))

by Registered Professionals to Individuals Accessing NHS Services in Durham, Darlington, Tees, Cumbria, Northumberland and Tyne & Wear

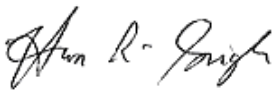
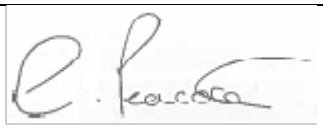
YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT.

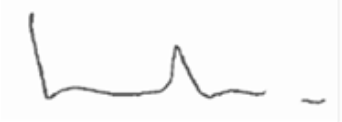
Direction Number: - **NECSAT 2019/017**

Valid from: 1st February 2019

Review date: 1st December 2020

Expiry date: 31st March 2021

This patient group direction has been developed & produced by: -			
Title	Name	Signature	Date
Medicines Optimisation Pharmacist (Lead Author) (North of England Commissioning Support)	**Hira Singh** *(Senior Pharmacist)*		23/01/2019
Medicines Optimisation Pharmacist (North of England Commissioning Support)	**Sue White** *(Senior Pharmacist)*		23/01/2019
Immunisation and Screening Coordinator (NHS England, Cumbria and North East)	**Caroline Peacock** *(Senior Nurse)*		23/01/2019
Assistant Medical Director (NHS England, Cumbria and North East)	**Dr James Gossow** *(Senior Doctor)*		24/01/2019

This PGD has been approved for use in Cumbria and North East by: -			
Title	Name	Signature	Date
Deputy Medical Director (NHS England, Cumbria and North East)	**Dr Johnathan Slade** *(Governance Authorisation)*		30/01/2019

1. Clinical Condition or Situation to Which the Direction Applies

Indication (defines situation or condition)

Active immunisation by boosting protection against diphtheria, tetanus, pertussis and polio disease

Objectives of care

- To prevent the infectious diseases of diphtheria, tetanus, pertussis & poliomyelitis. To promote health, reduce morbidity & mortality and to eradicate disease

Inclusion criteria (as per Public Health England (PHE) Green Book Guidance

Only use those criteria that are specific to your authorised role & competence.
Ensure appropriate consent has been obtained before commencing any vaccination.

- Any child aged from 3 years 4 months to less than 10 years who requires a booster dose following a completed primary immunisation course of 3 doses against diphtheria, tetanus, pertussis and polio.
- As additional doses for children aged one year to under 10 years who have completed the primary course, but who may not have received the full number of doses of pertussis-containing vaccine
- Have a tetanus prone wound and tetanus boosters are not up to date or are due soon and convenient to give now (please refer to Green Book Chapter 30 (https://www.gov.uk/government/publications/tetanus-the-green-book-chapter-30#history).
- Require vaccination in line with recommendations for the management of cases and contacts of diphtheria or polio.
- DTaP/IPV given as a replacement dose for DTaP/IPV/Hib/HepB (when DTaP/IPV/Hib/HepB not available) in children from 1year to under 10years old with uncertain or incomplete immunisation status when recommended (please refer to https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status)

Exclusion criteria[1] (Refer to current SPC, BNF and Green Book (Online version) for full list of details)

- No valid consent (if applicable).
- Individuals aged 10 years of age or older
- Children under 1 years old
- Individuals who have not yet completed primary immunisation with 3 doses of diphtheria, tetanus, pertussis & polio antigen
- Have received a dose of diphtheria, tetanus, pertussis and poliomyelitis containing vaccine within the last 12 months
- Patient is acutely unwell (postpone vaccination until recovered). Minor infections without fever or systemic upset are not reasons to postpone immunisation.
- Have had a confirmed anaphylactic reaction to a previous dose of Diphtheria, tetanus, pertussis or poliomyelitis containing vaccine or any of its components, excipients or residues carried over from manufacture. For Repevax®, this may include formaldehyde, glutaraldehyde, streptomycin, neomycin, polymixin B and bovine serum albumin and for Infanrix-IPV® this includes neomycin, polymyxin or formaldehyde. (Refer to Chapter 6 Green Book & specific SPCs).
- Severe hypersensitivity to any ingredient or component of the vaccine(s). – (please also refer to precautions section).

[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.

Precautions

- Almost all individuals can be safely vaccinated with all vaccines. In very few individuals, vaccination is contraindicated or should be deferred. Where there is doubt, rather than withholding vaccine, advice should be sought from an appropriate specialist.
- If a seizure associated with a fever occurred within 72 hours of a previous immunisation with pertussis containing vaccine, immunisation should continue as recommended if a cause is identified or the child recovered within 24 hours. However, if no underlying cause was found and the child did not recover completely within 24 hours, further immunisation should be deferred until the condition is stable.
- If a child has experienced encephalopathy or encephalitis within seven days of immunisation, it is unlikely that these conditions will have been caused by the vaccine and they should be investigated by a specialist. If a cause is identified or the child recovered within seven days, immunisation should proceed as recommended. In children where no underlying cause was found and the child did not recover completely within seven days, immunisation should be deferred until the condition has stabilized or the expected course of the condition becomes clear.
- The presence of a neurological condition is not a contraindication to immunisation but if there is evidence of current neurological deterioration, deferral of vaccination may be considered, to avoid incorrect attribution of any change in the underlying condition. The risk of such deferral should be balanced against the risk of the preventable infection, and vaccination should be promptly given once the diagnosis and/or the expected course of the condition becomes clear.
- Individuals with immunosuppression and HIV infection should still be vaccinated according to the schedule. These individuals may not make a full antibody response and re-immunisation should be considered after treatment is finished and recovery has occurred. Specialist advice may be required.
- Patients who are immunosuppressed may not be adequately protected against tetanus, despite having been fully immunised. If they have a tetanus prone wound they should be managed as if they were incompletely immunised i.e. provide a reinforcing dose of vaccine.
- Hypersensitivity reactions to previous dose of vaccine or component of vaccine:

  NB. "Local adverse reactions that generally start within a few hours of the injection and are usually mild and self-limiting. Although these are often referred to as 'hypersensitivity reactions', they are not allergic in origin, but may be either due to high titres of antibody or a direct effect of the vaccine product, e.g. endotoxin in whole-cell bacterial vaccines. The occurrence or severity of such local reactions does not contraindicate further doses of immunisation with the same vaccine or vaccines containing the same antigens"

Action if excluded

- Discuss with or refer to clinician/doctor/specialist. Ensure all actions/decisions are documented.
- The risk to the individual of not being immunised must be taken into account.
- If postponement due to acute illness, arrange a future date for immunisation.
- If the individual is aged less than 3 years 4 months or 10 years and over, assess for immunisation with DTaP/IPV/Hib/HepB, DTaP/IPV/Hib or Td/IPV respectively.
- For those excluded due to a current unstable neurological condition of unknown cause, including poorly controlled epilepsy, refer to specialist for investigation to establish underlying cause. If a cause is not identified, immunisation should be deferred until the condition has stabilised. If a cause is identified, immunisation should proceed as recommended.(See "Green Book", Chapter 24)
- If a child experiences encephalopathy or encephalitis within seven days of immunisation, the advice from the flow chart in "The Green Book" Chapter 24 Figure 24.5 should be followed. If a cause is identified or the child recovers within 7 days, immunisation should proceed as recommended

Circumstances in which further advice should be sought from a doctor and/or specialist

- Patient meeting the exclusion criteria
- Patient requires additional information in order to decide whether or not to have the vaccination
- Unstable or progressive neurological disorder

Action if vaccination refused

- Ensure patient/guardian/carer fully understands the risks of declining vaccination.
- Advise about protective effects of vaccine & the risks of infection and disease complications
- If postponement due to acute illness, arrange a future date for immunisation
- Document refusal, advice given, actions/decisions in notes (written or electronic). Inform or refer to doctor as appropriate

2. Description of treatment

Name, strength & formulation of drug

- **Repevax** ® (Sanofi Pasteur)

  Diphtheria (not less than 2 IU), Tetanus, Pertussis (acellular, component), Poliomyelitis (inactivated) Vaccine (adsorbed, reduced antigen(s) content) (dTaP/IPV).

  - 0.5ml Suspension for injection in a prefilled glass syringe with an elastomer plunger stopper. Appears as a uniform, cloudy, white suspension, which may sediment on storage

- **Infanrix IPV** ® (GlaxoSmithKline)

  Diphtheria (not less than 30 IU), tetanus, pertussis (acellular, component) and poliomyelitis (inactivated) vaccine (DTaP/IPV).

  - 0.5ml suspension for injection in pre-filled syringe (type 1 glass) with plunger stopper (butyl), with or without needles. It appears as a cloudy white suspension. Upon storage a white deposit & white liquid may be observed

Legal Status:

POM –Prescription Only Medicines

- This PGD covers off-label use of vaccines in certain circumstances in line with current Green Book Public Health England guidance
- Administration of Infanrix®-IPV by deep subcutaneous injection to patients with a bleeding disorder is off-label administration in line with advice in Chapter 4 and Chapter 22 of "The Green Book". NB: The Repevax® SPC includes consideration of administration by deep subcutaneous injection to individuals with bleeding disorders.
- Administration to individuals who have experienced an encephalopathy of unknown origin within 7 days of previous vaccination with a pertussis-containing vaccine is off-label but may proceed once the cause is identified or the condition has been stabilized in accordance with the recommendations in Chapter 24 of "The Green Book".

Dosage / Dose range

All ages: 0.5ml (1 dose)

Route / Method

Intra-muscular (IM) injection is the preferred route

- Deltoid region in older children and adults.
- Not to be given intravenously.
- For individuals with a bleeding disorder vaccines should be given by deep subcutaneous injection.
- If given at the same time as other vaccines it should be given at separate sites, preferably in a different limb.

(Please refer to the manufacturer's SPCs and on line version of the Green Book for detailed information).

Frequency of Administration

ROUTINE CHILDHOOD IMMUNISATION	
Aged 3 years 4months to under 10 years of age	**1 single (0.5ml) dose** **Recommended at 3 years and 4 months or soon after** Ideally the gap between the last dose of primary immunisation (DTaP/IPV/Hib/HepB or DTaP/IPV/Hib) and the booster * (dTaP/IPV or DTaP/IPV) dose should be 3 years • When primary vaccination is delayed, this 1st booster dose may be given at scheduled visit provided it's at least 1year after the last (i.e. third) primary dose of DTaP/IPV/Hib/HepB or DTaP/IPV/Hib. This will re-establish the child in the routine schedule. dTaP/IPV or DTaP/IPV should be used in this group. NB: Where children have had a fourth dose of tetanus, diphtheria and polio containing vaccine at around 18 months of age, this dose should be discounted. The routine pre-school and subsequent boosters should be given according to the UK schedule.
Aged 1 years to under 10 years of age	Management of tetanus prone wound • Individuals with incomplete or uncertain history of tetanus immunisation should be vaccinated in accordance with recommendations in "Green Book" Chapter 30 Table 30.1 Individuals with uncertain or incomplete immunisation status (see link below) • Please refer to the PHE guidance on the "vaccination of individuals with uncertain or incomplete immunisation status" Those who have completed a primary course (which includes 3 doses of diphtheria, tetanus & polio), but have not received 3 doses of a pertussis containing vaccine: • Should be offered an extra dose of combined DTaP/IPV (or DTaP/IPV/Hib/HepB) vaccine to provide some priming against pertussis. The dTaP/IPV vaccine, which contains a lower dose of pertussis antigen, should only be used as a booster in fully primed children. They should then receive the first reinforcing dose as scheduled, also as DTaP/IPV (or DTaP/IPV/Hib/HepB), preferably allowing a minimum interval of one year.

* PLEASE NOTE: Either vaccine (Repevax or Infanrix-IPV) may be used as the booster. Please also see The current Immunisation schedule: https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule

Frequency of Administration - continued

Aged 1 years to under 10 years of age	Those children who present for the pre-school booster without having received any pertussis vaccine previously: • Should receive DTaP/IPV (or DTaP/IPV/Hib/HepB). They should be given two doses (a priming and a reinforcing dose), preferably allowing minimum of one year between doses. Those who have completed the primary course plus a reinforcing dose (which includes four doses of diphtheria, tetanus and polio), but haven't received 4 doses of pertussis-containing vaccine: • May be offered an extra dose of combined DTaP/IPV or DTaP/IPV/Hib/HepB (if appropriate) to provide some or additional protection against pertussis. Compared to children who have followed the standard schedule, these children will receive an extra dose of diphtheria, tetanus and polio vaccines. Management of cases and contacts Individuals should always have their immunisation status checked to ensure they are up to date with the recommended UK immunisation programmes. Cases and contacts of diphtheria: manage in accordance with Public health control and management of diphtheria (in England and Wales) guidelines and recommendations from the local health protection team. Individuals under 10 years of age who are fully immunised but have not received diphtheria containing vaccine in last 12 months may be given a single booster dose of DTaP/IPV or dTaP/IPV. Cases and contacts of polio: manage in accordance with PHE national polio guidelines: Local and regional services guidelines and recommendations from the local health protection team. Management will depend on the level of exposure but may include the administration of a single dose of IPV containing vaccine, regardless of vaccine history.

* PLEASE NOTE: Either vaccine (Repevax or Infanrix-IPV) may be used as the booster. Please also see The current Immunisation schedule: https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule

Maximum dose

As above

Follow up treatment

Follow current DH immunisation schedule (https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule)

3. Further Aspects of Treatment

Relevant Warnings & Potential Adverse Effects

Relevant Warnings: - See manufacturers SPC for full details / current Green Book online Chapters 15,24,26 & 30

Potential Adverse Effects/ Reactions: - Usually transient and only last a few days after vaccination.

Please be aware of Resuscitation Council Guidelines

	Repevax ® (dTaP/IPV)	Infanrix IPV ® (DTaP/IPV)
Very Common & Common reactions	Mild swelling, erythema, pain and redness at injection site.	
	Fever (≥ 38ºC), headache, vomiting. Diarrhoea, nausea, rash and arthralgia. Fatigue and asthenia Irritability (in 3-6 year olds)	Decreased appetite and Fever (>39.5ºC) Somnolence, headache (age range 6-13yrs old), abnormal crying, irritability, malaise. Vomiting, diarrhoea, nausea
Less Common & Rare Effects	Anaphylactic reaction, Lymphadenopathy	Cough, allergic dermatitis, rash, anaphylactic reaction, Lymphadenopathy.

This list is not exhaustive. Please also refer to current manufacturers SPC for details of all potential adverse reactions.

Identification and Management of Adverse Reactions

- Patient/ Carer / Guardian requested to report side effects
- Advice on management including anaphylaxis: - Chapter 8 of the Green Book provides detailed advice on managing adverse drug reactions (ADRs) following immunisation, e.g. Analgesia for pain &/or fever; prevention of dehydration; drinking plenty of clear fluids).
- Refer to doctor/specialist if appropriate

Reporting Procedure for Adverse Effects

- Report to doctor if appropriate & document in patient's medical records.
- ALL suspected adverse reactions due to vaccines under intensive surveillance ▼ should be reported to the MHRA using the yellow card system.
- Any suspected adverse reactions to established vaccines that are serious, medically significant or result in harm should also be reported. Please refer to www.mhra.gov.uk/yellowcard and the online Green Book - Chapter 9.

Advice to Patient / Carer (verbal or written)

- Explain protection level expected from vaccine. ● Provide a patient information leaflet and discuss as required.
- Provide advice on & explain potential warnings & side effects and request to report them if they occur.
- Provide advice on management of adverse reactions (see above and manufacturers SPC).
- Explain procedure for dealing with anaphylaxis /severe allergic reactions.
- Explain the "Out of Hours" procedure. Give date of next vaccine if applicable.
- Provide patient with vaccination record card (to include date of next vaccination, completion of course or blood test) if applicable.
- Complete patient-held vaccination record (where applicable)
- Immunisation promotional material may be provided as appropriate: Pre-school immunisations: guide to vaccinations (2 to 5 years) Available from: https://www.gov.uk/government/publications/pre-school-vaccinations-a-guide-to-vaccinations-from-2-to-5-years

Arrangements for Referral to Medical Advice

- Doctor/specialist appointment as and when appropriate

Records

In all cases, manual records including the Personal Child Health Record (Red Book), computerised records and data collection for Child Health Information Services (CHIS) should include: -

- Patient's name and date of birth
- Confirmation that consent has been obtained
- Reason vaccination required
- Support literature given (where applicable)
- Confirmation that there are no contraindications and that side effects have been discussed
- Brand name, batch number and expiry date of vaccine
- Dose, site and route of injection
- Date of administration
- Whom administered by: For paper records, signature, printed name and designation (in black ink) for paper records; for computer records, ensure data authentication of practitioner delivering care

Additional Facilities / Requirements

- Access to updated online Green Book information, current SPC and BNF.
- Access to a telephone.
- Store in a refrigerator (+2°C to +8°C). Store in original packaging in order to protect from light. Do not freeze.
- Stock control & storage of vaccines in accordance with national and local policies / protocols/ guidelines.
- Emergency equipment available – including immediate access to Epinephrine (Adrenaline) 1 in 1000 injection (as a minimum). (Please refer to PGD for adrenaline as applicable)

Special Considerations / Additional Information

- Repevax: normal appearance of the vaccine is a uniform cloudy, white suspension which may sediment during storage. Shake the prefilled syringe well to uniformly distribute the suspension before administering the vaccine
- Infanrix-IPV: upon storage, a white deposit and clear liquid may be observed. This does not constitute a sign of deterioration. The syringe should be well shaken in order to obtain a homogeneous cloudy white suspension.
- The dTaP/IPV (Repevax®) vaccine contains a lower dose of pertussis antigen, as well as a lower dose of diphtheria antigen, compared to DTaP/IPV (Infanrix IPV®) and should only be used as a booster in fully primed children in accordance with this PGD and current "Green Book" recommendations.
- If a person has received vaccination for a tetanus-prone wound with the same vaccine as due for routine immunisation or booster and was administered at an appropriate interval then the routine booster dose is not required, refer to "The Green Book" Ch.30.
- Repevax (dTaP/IPV) or Infanrix-IPV (DTaP/IPV) vaccine may be administered at the same time as other vaccines including MMR, Men C and Influenza
- Repevax (dTaP/IPV) or Infanrix-IPV (DTaP/ IPV) can be used for the booster dose – irrespective of the vaccine used for the primary course (Infanrix hexa, Infanrix IPV Hib or Pediacel).
- Tetanus vaccine given at the time of a tetanus-prone injury may not boost immunity early enough to give additional protection within the incubation period of tetanus. Therefore, tetanus vaccine is not considered adequate for treating a tetanus-prone wound. However, this provides an opportunity to ensure that the individual is protected against future exposure. Individuals may also require human tetanus immunoglobulin (see "The Green Book" Chapter 30).
- If a person has received vaccination for a tetanus-prone wound with the same vaccine as due for routine immunisation or booster and it was administered at an appropriate interval then the routine booster dose may not be required, refer to advice in Green Book Chapter 30.

References

- NICE Medicines Practice Guideline 2: Patient Group Directions Aug 2013 – accessed October 2018 @ Medicines Practice Guideline 2: Patient Group Directions
- Public Health England (2013): Immunisation Against Infectious Disease - The "Green Book" Chapters 15 Diphtheria; 24 pertussis, 26 Poliomyelitis, 30 tetanus – accessed January 2019 @ Immunisation Against Infectious Disease - The "Green Book"
- Public Health England: Template Patient Group Direction for administration of diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis vaccine (DTaP/IPV or dTaP/IPV) 2017 – accessed January 2018 @ https://www.gov.uk/government/publications/dtapipv-infanrix-ipv-or-repevax-pgd-template
- Sanofi Pasteur: Repevax® - Summary of Product Characteristics – accessed January 2019 @ https://www.medicines.org.uk/emc/product/5580
- GlaxoSmithKline UK: Infanrix®-IPV – Summary of Product Characteristics – accessed January 2019 @ https://www.medicines.org.uk/emc/product/5535/smpc
- Nursing and Midwifery Council (NMC), 2007: Standards for Medicines Management – accessed October 2018 @ https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-medicines-management/
- Nursing and Midwifery Council (NMC), 2018: The Code – Professional standards of practice and behaviour for nurses, midwives and nursing associates – accessed October 2018 @ https://www.nmc.org.uk/standards/code/
- Public Health England: National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners 2018 – accessed October 2018 @ https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners
- Public Health England: NHS public health functions agreement 2018-19 – Service specification No. 09 DTaP-IPV Pre-school booster Imms Programme – accessed Oct.18 @ https://www.england.nhs.uk/publication/public-health-national-service-specifications/
- Department of Health & Social Care: NHS public health functions agreement 2018-19 – accessed October 2018 @ https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2018-to-2019
- Resuscitation Council (UK): Emergency Treatment of anaphylactic reactions Guidelines for healthcare providers – accessed October 2018 @ https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/

4. Characteristics of Healthcare Professional Staff

Only those healthcare professionals that have been specifically authorised by their clinical lead/supervisor/manager may use this PGD for the indications defined within it.

Under current legislation, only the following currently registered healthcare professionals may work under Patient Group Directions (PGDs). These professionals may only supply or administer medicines under a PGD as named individuals. These professionals include -

Pharmacists	Nurses	Chiropodists/Podiatrists
Health Visitors	Physiotherapists	Midwives
Dieticians	Optometrists	Registered Orthoptists
Prosthetists and Orthotists	Radiographers	Occupational Therapists
Speech and Language Therapists	Dental Hygienists	Dental Therapists
State registered paramedics or individuals who hold a certificate of proficiency in ambulance paramedic skills issued by the Secretary of State, or issued with his approval.		

Qualifications required (professional registration applies to specific professions)

Professionals using this PGD must be currently registered with their relevant professional body, e.g.

- For Nurses: - Nursing & Midwifery Council (NMC)
- For Pharmacists: - General Pharmaceutical Council (GPhC)
- For Allied Health Professionals: - Health Professions Council

Additional requirements (applies to all staff)

- Maintain knowledge of vaccinations; either through a recognised course or through in-house training supported by attendance at vaccination study day(s).
- Meet the requirements of PHE National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners.
- Have up to date resuscitation skills and anaphylaxis training (and competent to recognise & manage anaphylaxis).
- Competent to undertake immunisations and have a current authorised Adrenaline PGD.
- Will have undertaken training in the role, care and administration of the medicine specified in the PGD.
- Have access to a current BNF and *Immunisation Against Infectious Disease* (Green Book online version).
- Any additional training requirements as deemed necessary by your organisation or authorising body.

Continued training requirements (applies to all staff)

- Annual attendance at an update on resuscitation skills and the management of anaphylaxis within the community/primary care (mandatory).
- Maintenance of own level of updating and competence with evidence of continued professional development.
- Annual updates in immunisation (recommended).
- Any continued training requirements as deemed necessary by your organisation or the authorising body.

Individual Healthcare Professional Authorisation

This form can be used for the purpose of managing, monitoring and authorising the use of this Patient Group Direction by the named healthcare professional.

- **This page is to be retained by the individual healthcare professional/practitioner.**
- Each healthcare professional should have access to their own signed copy of the full PGD.
- This PGD is to be read, agreed to and signed by all registered Healthcare Professionals it applies to. Healthcare Professionals must be authorised by the person(s) named below before using the PGD.
- By signing this document, the healthcare professional confirms that they understand the PGD, that they are competent to work under this PGD, that they will practice in accordance with the parameters of the PGD and accept full clinical responsibility for any decisions made with using this PGD).
- Patient Group Directions should be used in conjunction with reference to national or local policies, guidelines or standard text (e.g. manufacturers Summary of Product Characteristics) and DO NOT replace the need to refer to such sources.

Name of Healthcare Professional:-_____

I have read and understood the Patient Group Direction.

COMBINED DIPTHERIA, TETANUS, ACELLULAR PERTUSSIS AND INACTIVATED POLIOMYELITIS VACCINE (Repevax® and Infanrix IPV ®)

I agree to administer Repevax ® and Infanrix IPV® vaccines only in accordance with this Patient Group Direction (NECSAT 2019/017)

Signature of Healthcare Professional: - _____

Date signed: - _____

State profession: - _____

Authorisation to use this PGD by: -

This above named healthcare professional has been authorised to work under this PGD by:

Name of Manager/Clinical Lead: - _____

Signature of Manager/Clinical Lead: - _____

Date signed: - _____

PGD Valid from: 1st February 2019	Review Date: Dec.2020	**Expiry Date: 31st March, 2021**

Management & Monitoring of Patient Group Direction NECSAT 2019/017

Combined diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis vaccine (Repevax® (dTaP/IPV) **and Infanrix IPV ®** (DTaP/IPV)**)**

Healthcare Professional Authorisation (service/practice list)

This form can be used for the purpose of managing, monitoring and authorising the use of this Patient Group Direction by the named healthcare professionals.

- This page should be signed by all healthcare professionals authorised to use this PGD and retained and kept on file by the service/practice manager as a record of all practitioners authorised to use this PGD.

  NB. Each professional should have access to their own signed copy of the PGD.

The following healthcare professionals are authorised to administer

Combined diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis vaccine (Repevax® and Infanrix IPV ®) under the Patient Group Direction (NECSAT 2019/017)

PGD Valid from date: 1st February, 2019 **PGD Expiry Date:** 31st March, 2021

Healthcare Professional			**Authorised by:**		
Name	**Signature**	**Date**	**Name**	**Signature**	**Date**

PGD Valid from: 1st February 2019	Review Date: Dec. 2020	**Expiry Date: 31st March, 2021**