Patient Group Direction (PGD) for the Administration of

COMBINED LOW DOSE DIPTHERIA, TETANUS AND INACTIVATED POLIO VACCINE (Td/IPV – Revaxis ®)

by Registered Professionals to Individuals Accessing NHS Services in
Durham, Darlington, Tees, North 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 2018/005**
Valid from: 1st August 2018
Review date: 1st May 2020
Expiry date: 31st July 2020

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)*		23/07/18
Assistant Medical Director (NHS England, Cumbria and North East)	**Dr James Gossow** *(Senior Doctor)*		24/07/18
Immunisation and Screening Coordinator (NHS England, Cumbria and North East)	**Aline Marron** *(Senior Nurse)*		24/07/18

This PGD has been approved for use in Cumbria, Northumberland, Tyne & Wear by: -			
Title	Name	Signature	Date
Medical Director (NHS England, Cumbria and North East)	**Professor Chris Gray** *(Governance Authorisation)*		27/07/18

1. Clinical Condition or Situation to Which the Direction Applies

Indication (defines situation or condition)

Active immunisation against tetanus, diphtheria and polio diseases in accordance with the national immunisation programme and recommendations given in Chapters 15, 26 & 30 of the "The Green Book."

Objectives of care

To prevent infectious disease and promote health. To reduce morbidity & mortality and to eradicate disease.

Inclusion criteria (as per Public Health England (PHE) Green Book Guidance (Sept. 2013))

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

Any individual aged 10 years and over:

- Requiring the routine "booster" dose of Td/IPV following a primary course and first booster against diphtheria, tetanus and poliomyelitis (this booster is usually offered at 14years of age (school year 9)).
- As a primary course, or as a first and/or second booster of Td/IPV in un-immunised individuals or those with uncertain or incomplete immunisation status (See PHE "Vaccination of Individuals with uncertain or incomplete immunisation status")
- Required as the first combined tetanus, polio and diphtheria (Td/IPV) booster dose preferably at least 5 years after last dose of the primary course against diphtheria, tetanus and polio.
- As an additional dose prior to travelling into areas where medical attention may not be accessible should a tetanus prone wound occur, or will be residing in epidemic or endemic areas where tetanus, diphtheria or poliomyelitis protection is required and the last dose of the relevant antigen was received more than 10 years ago*, even if the individual has received five doses of tetanus containing vaccine previously, (See on-line Green Book, Chapter 30, pg.372).
- Following a tetanus-prone wound and one or more of the following apply (refer to online Green Book Chapter 30, pg. 371).
    - primary tetanus immunisation is incomplete;
    - tetanus boosters are not up to date;
    - tetanus immunisation status is unknown or uncertain
    - individual has never received tetanus immunisation
- Who requires vaccination in line with recommendations for the management of cases & contacts of diphtheria or polio

* (off-label use – refer to legal status section)

Exclusion criteria (Refer to current SPC and Green Book Guidance (Online version) for additional details)

General exclusions[1]

- Children under 10 years of age.
- No valid consent
- Patient is acutely unwell (postpone vaccination until recovered. Minor infections without fever or systemic upset are not reasons to postpone immunisation)
- Are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation)
- Have a confirmed anaphylactic reaction to a previous dose of Revaxis or any other vaccine containing diphtheria, tetanus or poliomyelitis toxoid, their components, their excipients or residues carried over from manufacture, including neomycin, streptomycin or polymyxin B.
- Severe hypersensitivity to any ingredient or component of the vaccine(s) – (please also refer to precautions section).

Exclusion criteria (continued)

- Neurological complications following earlier immunisation against tetanus/diphtheria/polio, where no underlying cause is found & recovery is not complete within 7 days.
- Have evidence of current neurological deterioration of their neurological condition (including poorly controlled epilepsy). Defer immunisation and refer to specialist for investigation to establish underlying cause. If cause is not identified, immunisation should be deferred until condition has stabilised or cause is identified). (see Green Book Chapter 15 & 30 on neurological conditions)

Refer also to current Summary of Product Characteristics (SPC), BNF and Green Book (current on-line version) for full list of details

[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 / Cautions

- Pregnancy (known or suspected) or breast feeding
  - The current on-line Green Book states that, "Diptheria, tetanus or polio vaccines may be given to pregnant women when the need for protection is required without delay, e.g. tetanus prone wound. However, pregnant women from week 16 of pregnancy onwards should instead be protected by the administration of the routinely indicated dTaP/IPV (Boostrix-IPV). There is no evidence of risk from vaccinating pregnant women or those who are breast feeding with inactivated viral or bacterial vaccines, or toxoids."
- 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.
- If a child has experienced encephalopathy or encephalitis within 7 days of immunisation the advice in the "*Flow chart for encephalitis or encephalopathy occurring within 7 days of immunisation*" (Green Book, chapter 30) should be followed. It is unlikely that these conditions have been caused by the vaccine & they should be investigated by a specialist. If cause is identified or the child recovered within 7 days, immunisation should proceed as recommended. In children where no underlying cause was found & the child did not recover completely within 7 days, immunisation should be deferred until the condition has stabilized or the expected course of the condition becomes clear.
- When a child has had a seizure associated with fever in the past, with no evidence of neurological deterioration, immunisation should proceed as recommended. Advice on the prevention and management of fever should be given before immunisation.
- When a child has had a seizure that is not associated with fever, and there is no evidence of neurological deterioration, immunisation should proceed as recommended.
- 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
- The immunogenicity of the vaccine could be reduced in immunosuppressed subjects. Where possible, vaccination should be postponed until immune function has recovered. However, vaccination of subjects with immunosuppression or chronic immunodeficiency, such as HIV, is recommended according to the schedule even if the antibody response might be limited. These individuals may not make a full antibody response and re-immunisation should be considered. Specialist advice may be required.
- If Guillain-Barré syndrome or brachial neuritis has occurred following receipt of prior vaccine containing tetanus toxoid, the decision to give any vaccine containing tetanus toxoid should be based on careful consideration of the potential benefits and possible risks
- Revaxis® should not be administered to subjects who have completed a primary course or received a booster of a vaccine containing diphtheria or tetanus toxoids within the previous 5years. This will minimise risk of adverse effects.

Action if excluded

- If aged under 10years assess for immunisation with DTaP/IPV/Hib/HepB, DTaP/IPV/Hib, DTaP/IPV or dTaP/IPV as appropriate.
- Discuss with or refer to clinician/doctor. 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.

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

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

Action if patient declines treatment

- Ensure patient/guardian/carer fully understands the risks of declining vaccination.
- Advise about protective effects of vaccine & the risks of infection and disease complications.
- 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

REVAXIS ® (Sanofi Pasteur MSD Ltd) – Adsorbed diphtheria (low dose), tetanus & inactivated polio vaccine **(Td/IPV)**

- 0.5ml of suspension for injection in a prefilled syringe, (0.5ml, type I glass) with a plunger-stopper (elastomer: bromochlorobutyl or bromobutyl or chlorobutyl) and tip-cap (elastomer: bromochlorobutyl or synthetic isoprene-bromobutyl), with 1 or 2 separate needles (for each syringe).
- REVAXIS has a cloudy white appearance, which may sediment in storage. Shake well before administration.

Legal Status:

POM –Prescription Only Medicine.

The following uses of the vaccine are off-label administration but is in accordance with national recommendations:

- Recommendations for primary immunisation for individuals over 10 years of age (Off-label use, but is accordance with the recommendations in Chapter 15, Chapter 26 and Chapter 30 of "The Green Book".
- Administration to individuals who have received a vaccine containing diphtheria or tetanus toxoids within the previous 5 years is off-label, but indicated for the management of primary immunisation (as above) and for cases and contacts of diphtheria or polio in accordance with PHE disease management guidelines (see Dose and frequency of administration).
- Administration to individuals who experienced neurological complications following an earlier immunisation against diphtheria and/or tetanus is off-label, but may proceed once the cause is identified, the condition has been stabilized or the expected course of the condition becomes clear in accordance with the recommendations in Chapters 15 and 30 "The Green Book".

Where a vaccine is recommended off-label consider, as part of the consent process, informthe individual/patient/carer that the vaccine is being offered in accordance with national guidance but that this is outside the product licence.

Dosage / Dose range:

0.5ml (1 single dose)

Route / Method:

Intramuscular injection (IM) preferably into the deltoid muscle: -

- Td/IPV must not be administered by intra-dermal or intravascular routes.
- 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 (available from the electronic Medicines Compendium website: www.medicines.org.uk) and current on line version of the Green Book for detailed information).

Frequency of Administration: (Refer to PHE Green Book Guidance (on-line) for additional details)

ROUTINE CHILDHOOD RE-INFORCING IMMUNISATION (Second booster dose)	
Aged 10 years or over	**One (1) dose** Routinely offered to teenagers as a 2nd booster dose at around 14 years of age. Ideally to be given 10 years after the first booster dose. (Patient should have received 4 doses of polio, tetanus, diphtheria with the last dose (i.e. 1st booster dose) given at least 5 years ago, but ideally 10 years ago) (Note: The first booster is usually given at pre-school age (3 years 4months old) using dTaP/IPV or DTaP/IPV (Repevax® or Infanrix®-IPV)).)

UNKNOWN OR INCOMPLETE IMMUNISATION STATUS	
Infants with uncertain or incomplete diphtheria, tetanus and poliomyelitis vaccine history should be vaccinated in accordance with the "vaccination of individuals with uncertain or incomplete immunisation status" flow chart (Available at https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status)	
Children aged 10yrs or over and adults	• **Primary immunisation course:** - Three (3) doses **-** (allowing an interval of 1 month between doses. Where a primary course is interrupted it should be resumed but not repeated, allowing 1 month between remaining doses. NB. This use is "off-label") **Boosters + subsequent vaccination**: Two (2) doses - First booster dose preferably 5yrs after completion of primary course (i.e. after 3rd dose of primary course). - Second dose should be administered ideally ten years (a minimum 5yrs) following first booster, if less than 5 doses of diphtheria, tetanus and polio vaccine are documented)

- A routine "second" booster dose of Td/IPV to patients aged 10 years and above,

  (Ideally given 10 years after first (pre-school) booster dose, (but no less than five years where previous doses have been delayed, in order to bring child back in to the routine vaccination schedule).

Frequency of Administration: - continued

- As First (Td/IPV) booster dose for patients aged 10 years and above,
  (who have not already received the first booster at least 5 years after the primary course against diphtheria, tetanus and polio).
- To complete a primary or booster course where there is an incomplete history of 5 doses of immunisation against diphtheria, tetanus and polio (This use is off label").
  - The interval between the last dose of Td/IPV given for primary immunisation and the first booster dose of Td/IPV should be at least 5 years.
  - The interval between the first booster dose of Td/IPV and the second booster dose of Td/IPV should be 5 -10 years). (See Green Book & "Vaccination of individuals with uncertain or incomplete immunisation status" document)

Travel vaccination

All travellers to epidemic or endemic areas should ensure that they are fully immunised according to the UK schedule. Additional doses of vaccines may be required according to the destination and the nature of travel intended

- A single booster dose may be indicated for fully immunised individuals (i.e. above the usual 5-dose course)
  - Who require protection against diphtheria, tetanus or polio and the final dose of the relevant antigen was received more than 10 years ago (See on-line Green Book chapters 15 (p.115) & 26 (p.319) – (this use is "off-label").
    (see https://travelhealthpro.org.uk/)

Management of tetanus prone wound

- A single booster dose following a tetanus prone injury,
  - Please refer to on-line Green Book - chapter 30, pg.371 for detailed info. about the management of tetanus-prone injuries.

Management of cases and contacts of diphtheria

Cases and contacts of diphtheria should be managed in accordance with Public health control and management of diphtheria (in England and Wales) guidelines and recommendations from the local health protection team.
Individuals should have their immunisation status checked to ensure they are up to date with the recommended UK immunisation programmes.

- Unimmunised individuals should receive three doses at monthly intervals.
- Individuals who are fully immunised but have not received diphtheria containing vaccine in last 12 months may be given a single reinforcing dose of Td/IPV.

Management of cases and contacts of polio

Cases and contacts of polio should be managed in accordance with PHE national polio guidelines: Local and regional services and recommendations from the local health protection team. Individuals should have their immunisation status checked to ensure they are up to date with the recommended UK immunisation programmes.

- Management will depend on the level of exposure but may include the administration of a single dose of IPV (inactivated polio vaccine) containing vaccine, regardless of vaccine history.

Points to note:

- Where there is no reliable history of previous immunisation, it should be assumed that individuals are unimmunised and the full UK recommendations should be followed.
- 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 as it may not provide satisfactory protection until the time of the teenage booster. The routine pre-school and subsequent boosters should be given according to the UK schedule.
- If a person attends for a routine booster dose and has a history of receiving a vaccine following a tetanus-prone wound, attempts should be made to identify which vaccine was given. If the vaccine given at the time of the injury was the same as that due at the current visit and was given after an appropriate interval, then the routine booster dose is not required. Otherwise, the dose given at the time of injury should be discounted as it may not provide long-term protection against all antigens, and the scheduled immunisation should be given. Such additional doses are unlikely to produce an unacceptable rate of reactions.

Please refer to the Immunisation Against Infectious Diseases (Green Book), online Chapters 15, 26 and 30 for full details.

Maximum dose

Maximum dose: **0.5ml**

Maximum number of vaccinations:

Please refer to the "**Frequency of Administration**" sections above

A total of 5 doses (3 primary doses and 2 booster doses) of diphtheria, tetanus and polio vaccine are indicated for complete immunisation (those doses provided under the age of 10years will not be provided using this vaccine).

A further booster dose may be indicated 10 years after the final dose where risk of exposure is high).

A reinforcing dose may be recommended following potential exposure.

Follow up treatment:

As per current PHE Immunisation Schedule
(Please refer to the following link 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 9, 15, 26 & 30

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

Please be aware of Resuscitation Council Guideline changes (2010)

Very common & Common reactions	• Mild swelling, erythema, pain and redness at injection site. • Pyrexia, headache, vomiting, nausea and vertigo.
Less common effects	• Malaise, myalgia, lymphadenopathy.
Rarely	• Convulsions, anaphylactic reaction, arthralgia, diarrhoea, abdominal pain, cyanosis, pallor & asthenia (usually occurring & resolving within a few days).

See Manufacturers SPC for full 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 ADRs following immunisation, e.g. Analgesia for pain &/or fever; prevention of dehydration; drinking plenty of clear fluids).
- Refer to doctor if appropriate. Please be aware of Resuscitation Council Guideline changes (2015)

Please refer to current SPC "special warnings & special precautions for use" section for full details & relevant online chapters of the Green Book.

Reporting Procedure of Adverse Effects

- Report to doctor if appropriate & document in patient's medical records.
- All suspected adverse drug reactions to vaccines occurring in children, or in individuals of any age after vaccines labelled with a black triangle (▼), should be reported to the MHRA using the yellow card scheme.
- For established vaccines only report serious adverse reaction. Please refer to www.mhra.gov.uk/yellowcard and Green Book- Chapter 9 (20th March 2013).

See manufacturers Summary of Product Characteristics for details of all potential adverse reactions.

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.
- Complete patient-held vaccination record
- Provide patient with vaccination record card (to include date of next vaccination, completion of course or blood test) if applicable.

Arrangements for Referral to Medical Advice

- Doctor appointment as and when appropriate

Records

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

- Patient's name and date of birth;
- Reason vaccination required;
- Date of administration;
- Dose, site and route of injection;
- Brand name, batch number & expiry date of vaccine;
- Whom administered by & signature of vaccinator (if not recorded on computer).
- Confirmation that there are no contraindications; That side effects have been discussed; Support literature given (if applicable);
- Signature and printed name and designation (in black ink) for paper records. For computer records, ensure data authentication of practitioner delivering care.

Additional Facilities

- Access to a current BNF and updated Green Book information
- Store in a refrigerator (+2°C to +8°C). Discard if frozen. Have access to a telephone.
- Stock control & storage of vaccines in accordance with national and local policies / protocols/ guidelines.
- Emergency equipment available including immediate access to Epinephrine (Adrenaline) 1in 1000 injection (as a minimum). (Please refer to PGD for adrenaline as applicable)

Special Considerations / Additional Information

- Td/IPV (Revaxis) vaccine can be given at the same time as other vaccines or immunoglobulins, including MMR, HPV, MenC and Hepatitis B vaccine etc., but at a different injection site – either in different limbs or at least 2.5cm from the concomitant immunisation.
- Vaccine normal appearance is a cloudy white suspension that may sediment during storage. Shake the pre-filled syringe well to distribute the suspension uniformly before administering the vaccine.
- Td/IPV vaccine should be maintained at a temperature of +2°C to +8°C

(Please see updated Green Book – Online version, Chapters 15, 26, 30 and the manufacturer's SPC)

References

- *NICE:* Good Practice Guidance (August 2013) – Patient Group Directions.
- *NHS Executive HSC 2000/026* (9th August 2000): Patient Group Directions [England only].
- *Public Health England,* Immunisation Against Infectious Disease (Sept. 2013) – (The Green Book online): Chapter 15 (Diphtheria), Chapter 26 (Poliomyelitis), Chapter 30 (Tetanus). Accessed at https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book on 16/07/2018.
- *British National Formulary (BNF)*, current edition. Accessed at http://www.bnf.org/bnf/index.htm
- *Nursing and Midwifery Council (NMC), 2007*: Standards for Medicines Management.
- *Nursing and Midwifery Council (NMC), 2007*: Record Keeping Advice Sheet.
- *Nursing and Midwifery Council (NMC), 2008*: Code of Professional Conduct: standards of conduct, performance & ethics for nurses and midwives.
- *Resuscitation Council (UK), October 2015*: Emergency Medical Treatment of anaphylactic reaction by first medical responders and community nurses. www.resus.org.uk/siteindx.htm
- Sanofi Pasteur MSD Limited, Revaxis ® - *Summary of Product Characteristics* (SPC), 04/01/18 (accessed from Electronic Medicines Compendium on 24/07/18).
- *Public Health England*; NHS public health functions agreement 2017-18; Service specification No.12 - Td/IPV (teenage booster) immunisation programme.
- *Public Health England*; Vaccination of individuals with uncertain or incomplete immunisation status (13/11/17). https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status

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 HPA National minimum standards in immunisation training 2005 either through training or professional competence ensuring that annual training is offered to all staff
- 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).
- 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 to 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.**
- 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:-_____

is authorised to administer

Combined Td / IPV VACCINE (Revaxis ®)

……under this Patient Group Direction (NECSAT 2018/005)

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 August 2018	Review Date: - May 2020	**Expiry Date: - 31st July 2020**

Management & Monitoring of Patient Group Direction NECSAT 2018/005

Td/IPV (REVAXIS®) Vaccine

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

The following healthcare professionals are authorised to administer

Td/IPV (REVAXIS®) vaccine under the Patient Group Direction (NECSAT 2018/005)

PGD Valid from date: 1st August 2018 **PGD Expiry Date:** 31st July 2020

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

PGD Valid from: 1st August 2018	Review Date: - May 2020	**Expiry Date: - 31st July 2020**