# Patient Group Direction (PGD) for the Administration of

## MEASLES, MUMPS AND RUBELLA VACCINE (MMR)

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 2018/004**
Valid from: 1st July 2018
Review date: 1st April 2020
**Expiry date: 30th June 2020**

| **This patient group direction has been developed & produced by: -** | | | |
|---|---|---|---|
| Title | Name | Signature | Date |
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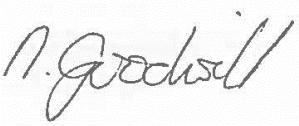
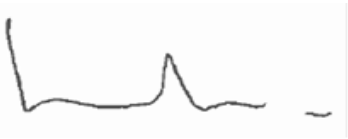
| *Assistant Medical Director* (NHS England, Cumbria and North East) | **Dr James Gossow** *(Senior Doctor)* |  | 21/06/18 |
| Immunisation and Screening Co-ordinator (NHS England, Cumbria and North East) | **Nykola Goodwill** *(Senior Nurse)* |  | 27/06/18 |

| **This PGD has been approved for use in Cumbria and North East Sub Region (NHS England) by:** | | | |
|---|---|---|---|
| Title | Name | Signature | Date |
| *Medical Director* (NHS England, Cumbria and North East) | **Dr Jonathan Slade** *(Governance Authorisation)* |  | 28/06/18 |

# 1. Clinical Condition or Situation to Which the Direction Applies

## Indication (defines situation or condition)

For active routine immunisation against measles, mumps and rubella of children aged from 12 months and adults, or from 6 months of age if early protection is required, in accordance with the national immunisation programme. For post-exposure prophylaxis for measles and recommendations given in Chapters 21, 23 and 28 of Immunisation Against Infectious Disease: "The Green Book" (GB).

## 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 (on-line), chapters 21,23 &28)

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

All those falling into one of the following categories: -

- Are aged 1 year or older (i.e. have attained their first birthday) and are incompletely or un-immunised with MMR vaccine or where there is an unreliable or no history of previous immunisation against measles, mumps & rubella*.
- To complete a primary immunisation course of vaccination against measles, mumps & rubella
- As an alternative vaccine or as a reinforcing dose when recommended by the DH or Public Health England (PHE)
- Are aged 6months and over & vaccination for measles post exposure prophylaxis is advised by PHE during local outbreaks
- Are between 6months & 1year of age and early protection is considered necessary e.g. due to travel or outbreak

*See "Special considerations / additional information" section for further detail on patient groups at particular risk from MMR infection & opportunities to check immunisation status and vaccinate as appropriate.

(See Green Book (GB) chapters 21, 23 & 28 at https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

## Exclusion criteria (Refer to current SPC and PHE Green Book Guidance for additional details)

**General Exclusions**

- Children under 12 months of age unless early protection is required.
- Under 6 months of age.
- No valid consent (if applicable).
- Pregnancy
- Immunosuppressed individuals.
- Have a primary or acquired immunodeficiency state (See Green book chapter 6 for more detail).
- Have had a confirmed anaphylaxis reaction to a previous dose of any MMR containing vaccine or to any components of the vaccine, including neomycin and gelatine (refer to precautions sections and relevant SPC).
- Are on current or recent high doses of certain immunosuppressive or biological therapy (see "GB Chpt 6" for list and more detail)
- Patient is acutely unwell (postpone vaccination until recovered. Minor infections without fever or systemic upset are not reasons to postpone immunisation).
- Current neurological deterioration, including poorly controlled epilepsy – defer until condition has stabilised
- Have received measles, mumps and/or rubella containing vaccine in the preceding 4 weeks
- Have received varicella, zoster or yellow fever vaccine in the preceding 4 weeks, unless protection against measles is required rapidly. Additionally MMR should NOT be administered on the same day as Yellow Fever vaccine (Refer to the following link: https://www.gov.uk/government/publications/revised-recommendations-for-administering-more-than-1-live-vaccine ).
- Have received blood products, such as immunoglobulins, in the last 3 months, unless protection vs. measles is required rapidly
- Are awaiting reading of a tuberculin (Mantoux) skin test, unless protection against measles is required rapidly

**Specific exclusions** (in addition to those listed above under general exclusions)

**For MMRVAXPRO only: -** Active untreated tuberculosis / Blood dyscrasias, leukaemia or lymphomas of any type, or other malignant neoplasms affecting the haematopoietic and lymphatic systems.

## Precautions

- Pregnancy (known or suspected)
  There is no evidence rubella containing vaccines are teratogenic. However as a precaution, MMR vaccine should not be given to women known to be pregnant. If MMR is given to adult women they should be advised to guard against pregnancy for one month.
- All children with egg allergy should receive the MMR vaccination as a routine procedure in primary care (please refer to Green Book chapter 21 (Measles) for further details).
- Immunisation with live vaccines should be delayed until 6 months of age in children born to mothers who received immunosuppressive biological therapy during pregnancy
- For individuals who are immunosuppressed or have HIV infection who are not contra-indicated this live vaccine (please see Green Book chapter 6 and seek specialist advice)
- Long term stable low dose corticosteroid therapy, either alone or in combination with low dose **non-biological** oral immune modulating drugs (e.g. methotrexate 25mg per week in adults or up to 15mg/m2 in children, azathioprine 3.0mg/kg/day or 6-mercaptopurine 1.5mg/kg/day), are **not** considered sufficiently immunosuppressive and these patients **can** receive live vaccines.
- If idiopathic thrombocytopaenic purpura (ITP) has occurred within six weeks of the first dose of MMR, then blood should be taken and tested for MMR antibodies before a second dose is given. Serum should be sent to PHE National Infection Service Virus Reference Department (Colindale), which offers free, specialised serological testing for such children. If the results suggest incomplete immunity against measles, mumps or rubella, then a second dose of MMR is recommended.
- 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, & vaccination should be promptly given once the diagnosis and/or the expected course of the condition become clear.
- 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. 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 or required interval not reached arrange a future date for immunisation.

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

- Children who have had documented anaphylaxis to the vaccine itself should be assessed by an appropriate specialist. NB: children with egg allergy should receive the MMR vaccination as a routine procedure in primary care and do not require referral
- In individuals on immunosuppressive treatment or with immunodeficiency.
- Idiopathic thrombocytopaenic purpura occurring within 6 weeks of the first dose – seek advice from PHE regarding serum testing before a second dose is administered

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

## Special Considerations / Additional Information

- May be given at the same time as inactivated vaccines or at any interval before or after.
- Contraception for 1 month post vaccination must be advised due to risk to foetus
- When MMR is given within three months of receiving blood products, such as immunoglobulin, the response to the measles component may be reduced. This is because such blood products may contain significant levels of measles-specific antibody, which could then prevent vaccine virus replication. Where possible, MMR should be deferred until three months after receipt of such products. If immediate measles protection is required in someone who has recently received a blood product, MMR vaccine should still be given. To confer longer-term protection, MMR should be repeated after three months.)
- Breast feeding is not a contraindication to MMR immunisation and MMR vaccine can be given to breast-feeding mothers without any risk to their baby.
- Four weeks should be left between giving MMR vaccine and carrying out Tuberculin testing
- MMR should ideally be given at the same time as other live vaccines. If live vaccines cannot be administered simultaneously, a four-week interval is recommended.
- MMR may attenuate the response to other live vaccines. The revised recommendations for the administration of more than one live vaccine should be followed. (**These are summarised in Table 1 below**).
- Where rubella protection is required for post-partum women who have received anti-D immunoglobulin (Ig), no deferral is necessary as the response to the rubella component of MMR is normally adequate.
- MMR and varicella / Zoster vaccines should be given either on the same day or at a four week interval from each other.
- Where protection against measles is required rapidly then the vaccines should be given at any interval. As the response may be suboptimal if given within 4 weeks of previous yellow fever, varicella or zoster vaccine, an additional dose of MMR should be considered

**Table 1: Recommendations for giving more than one live attenuated vaccine in current use in the UK**

| Vaccine combinations | Recommendations |
|---|---|
| Yellow Fever and MMR | A four week minimum interval period should be observed between the administration of these two vaccines. Yellow Fever and MMR should **not** be administered on the same day. |
| Varicella (and zoster) vaccine and MMR | If these vaccines are not administered on the same day, then a four week minimum interval should be observed between vaccines. |
| Tuberculin skin testing (Mantoux) and MMR | If a tuberculin skin test has already been initiated, then MMR should be delayed until the skin test has been read unless protection against measles is required urgently. If a child has had a recent MMR, and requires a tuberculin test, then a four week interval should be observed. |
| All currently used live vaccines and tuberculin (Mantoux) skin testing | Apart from those combinations listed above, these live vaccines can be administered at any time before or after each other |

A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk

- Recent data suggest that anaphylactic reactions to MMR vaccine are not associated with hypersensitivity to egg antigens. All children with egg allergy should receive the MMR vaccination as a routine procedure in primary care.
- MMRVaxPRO® (Sanofi Pasteur MSD) contains porcine gelatine. Priorix® (GSK) does NOT contain porcine gelatine and can be offered as an alternative to MMRVaxPRO®. Health professionals should be aware to order Priorix® when running clinics for relevant communities (see Vaccines and porcine gelatine leaflet).
- MMR vaccine is recommended when protection against measles, mumps and/or rubella is required. MMR vaccine can be given irrespective of a history of measles, mumps or rubella infection or vaccination. There are no ill effects from vaccinating those who are already immune. If there is doubt about an individual's MMR immune status, MMR vaccine should still be given.

## Special Considerations / Additional Information - continued

- Children with chronic conditions such as cystic fibrosis, congenital heart or kidney disease, failure to thrive or Down's syndrome are at particular risk from measles infection and should be immunised with MMR vaccine.
- MMR vaccine can be provided to children and adults of any age over 6 months using this PGD. The decision on when to vaccinate adults needs to take into consideration the past vaccination history, the likelihood of an individual remaining susceptible and the future risk of exposure and disease see "The Green Book" Chapter 21, Chapter 23 and Chapter 28.
- Entry into college, university or other higher education institutions, prison or military service provides an opportunity to check an individual's immunisation history. Those who have not received two doses of MMR should be offered appropriate MMR immunisation.
- Pre-conceptual care, antenatal and post-natal checks provide an opportunity to assess MMR status. Individuals who have not received two doses of MMR at an appropriate interval should be offered pre- or post-natal MMR immunisation. Pregnancy should be avoided for at least 1 month following vaccination.
- Children and adults coming from abroad may not have been immunised against measles, mumps and rubella. Unless there is a reliable history of appropriate immunisation, individuals should be assumed to be unimmunised.

**Post Exposure**

- Antibody responses to the rubella and mumps components of MMR vaccine do not develop soon enough to provide effective prophylaxis after exposure to these infections. However, as vaccine-induced measles antibody develops more rapidly than that following natural infection, MMR vaccine should be used to protect susceptible contacts from suspected measles. To be effective against this exposure, vaccine must be administered very promptly, ideally within three days.
- Even where it is too late to provide effective post-exposure prophylaxis with MMR, the vaccine can provide protection against future exposure to all three infections. Therefore, contact with suspected measles, mumps or rubella provides a good opportunity to offer MMR vaccine to previously unvaccinated individuals.
- If the individual is already incubating measles, mumps or rubella, MMR vaccination will not exacerbate the symptoms. In these circumstances, individuals should be advised that a measles, mumps or rubella-like illness occurring shortly after vaccination is likely to be due to natural infection.
- Immunoglobulin (Ig) may be indicated for contacts of measles who are infants, immunosuppressed or pregnant. Provision of immunoglobulin is not covered by this PGD

## 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

**MMR** Measles, Mumps and Rubella live attenuated Vaccines

**Priorix (GlaxoSmithKline),**

- Powder in vial (Type I glass) with rubber stopper and solvent for solution for injection in pre-filled syringe (Type I glass) with rubber plunger stopper with or without needles
- Before reconstitution the powder is white to slightly pink and the solvent is a clear, colourless liquid
- 0.5ml dose after reconstitution

**MMRVaxPRO (Sanofi Pasteur MSD)**

- Powder in a vial (glass) with a stopper (butyl rubber) and solvent for suspension for injection in a pre-filled syringe (glass) with attached needle with plunger stopper (chlorobutyl rubber) and needle-shield (natural rubber). Powder and solvent in a pre-filled syringe Or plunger stopper (chlorobutyl rubber) and tip cap (styrene-butadiene rubber)
- Before reconstitution the powder is a light yellow compact crystalline cake & the solvent is a clear colourless fluid
- 0.5ml dose after reconstitution

## Legal Status:

**POM –**Prescription Only Medicines

Administration to infants between 6 months and 9 months of age is off-label but is in accordance with PHE guidance for measles post exposure prophylaxis and recommendations given in Chapters 21, 23 and 28 of Immunisation Against Infectious Disease: "The Green Book".

## Dosage/Dose range:

**0.5ml (1 single dose)**

## Route/Method:

**Intramuscular injection (IM) is the preferred route: -**

- Anterolateral aspect of thigh in infants; deltoid region in older children, adolescents and adults.
- **Not** to be given intravenously.
- Vaccination by deep subcutaneous route should be reserved ***only*** for individuals with a bleeding disorder, e.g. thrombocytopenia.)

## Frequency of Administration: (Refer to PHE Green Book Guidance for additional details)

### ROUTINE PRIMARY IMMUNISATION COURSE: -

**Total of Two (2) doses** (Single 0.5ml dose per administration given at recommended intervals):

- **First dose** routinely administered between 12-13months of age (i.e. on or within a month of the child's 1st birthday)
- **Second dose** should routinely be given before school entry at 3 years 4 months of age.

(NB. The 2nd dose can be given routinely at any time from 3months after the 1st dose. Allowing 3months between doses is likely to maximise the response rate, particularly in young children under the age of 18 months where maternal antibodies may reduce the response to vaccination. Where protection against measles is urgently required, the 2nd dose can be given one month after the first. If the child is given the 2nd dose less than 3months after the 1st dose and at less than 18 months of age, then the routine pre-school dose (a third dose) should be given in order to ensure full protection).

- **Interrupted primary courses: -** Should be resumed but not repeated.

- **Children administered 1st dose before 1st birthday:-** Ignore and administer primary immunisation course (i.e. 2 doses) following national recommendations ensuring a 3 month interval is left between doses

### Individuals with unknown/uncertain or incomplete immunisation status

- Doses of MMR vaccine given prior to 12months of age should not be counted
- Two doses of MMR should be given irrespective of history of measles, mumps, or rubella infection and/or age.
- Individuals from 1 year of age who have not received an MMR vaccine should receive a dose and be brought up to date at the earliest opportunity.
- An individual who has already received one dose of MMR should receive a second dose according to the routine schedule or at least 1 month after the first dose (when aged 18 months or over) to ensure that they are protected.
- For individuals <18months of age a minimum interval of 3months should be left between first and second doses. If more rapid protection is required the interval may be reduced to a minimum of four weeks, an additional dose of MMR should be offered at 3 years and 4 months.
- For individuals >18months of age a minimum of 1month should be left between first and second doses

### Early vaccination due to travel, outbreak or contact with a probable or confirmed case of measles

- The MMR vaccine can be given from 6 months of age when early protection is required.
- The response to MMR in infants is sub-optimal where the vaccine has been given before 1 year of age. If a dose of MMR is given before the first birthday, then this dose should be ignored. Two further doses of MMR should be given at the recommended ages in accordance with the routine schedule (i.e. at 1 year of age and a pre-school booster).
- Children who are travelling to epidemic or endemic areas, or who are a contact with a probable or confirmed case of measles, who have received one dose of MMR at the routine age should have the second dose brought forward to at least one month after the first. If the child is under 18 months of age and the second dose is given within three months of the first dose, then the routine pre-school dose (a third dose) should be given in order to ensure full protection

Please refer to the NHS England "Green Book" (2013), Chapter 24v2.0 for full details. **Refer to the current "The complete routine immunisation schedule."** https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule

## Maximum dose / Maximum number of vaccinations:

Maximum dose: **0.5ml** Maximum no. of vaccinations: **Two** (see also frequency of administration above)

## Follow up treatment:

As per current DH and PHE Immunisation Schedule

Doses that are administered earlier than the routine schedule, given within 4 weeks of previous yellow fever, varicella or zoster vaccine, or within 3months of receiving blood products (see Special consideration/additional information section), may need to be repeated.

See also Frequency of Administration section

**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 Chapter 21,23 & 28

**Potential Adverse Effects/ Reactions: -**

| | |
|---|---|
| **Very Common & Common reactions** | • Injection site tenderness/pain, erythema & oedema. (Local reactions within 48hrs after vaccination and persisting for 1-2 days).<br>• Fever (≥37.5°C for Priorix and ≥38.5°C for M-M-RVAXPro).<br>• Rash (commonly up to 1 week after vaccination and persisting for 2-3 days) |
| **Uncommon, rare and very rare** | • Febrile convulsions, with or without fever (If occur then seek doctor/medical advice);<br>• Cough, anaphylactic reaction, arthropathy. Diarrhoea and vomiting.<br>• Priorix: Parotid gland enlargement.<br>• M-M-RVAXPro: Urticaria, upper respiratory tract infection. |

See Manufacturers SPC for full details of all potential adverse reactions.

## Identification and Management of Adverse Reactions

- See anaphylaxis guidelines
- Patient/ Carer / Guardian requested to report side effects
- **Advice on management**: - 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/specialist if appropriate

*Please refer to current SPC "special warnings & special precautions for use" section for full details & relevant current 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 (ADRs) to vaccines labelled with a black triangle (▼ ), should be reported to the MHRA using the yellow card scheme.
- For established vaccines only report serious ADRs. Please refer to www.mhra.gov.uk/yellowcard and Green Book- Chapter 9
- If the vaccine is inadvertently administered during pregnancy this should be reported to PHE for ongoing surveillance purposes. (Refer to following link: https://www.gov.uk/guidance/vaccination-in-pregnancy-vip)

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

## Advice to Patient / Carer (verbal or written)

- Contraception required for 1month post vaccination to avoid risk to foetus
- 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 / specialist 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;
- Dose, site and route of injection;
- Date of administration;
- 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);
- Confirmation that consent has been obtained;
- 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 online Green Book information
- Store in a refrigerator (+2°C to +8°C). 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)
- **Please be aware of Resuscitation Council Guidelines**

## References


- ***NHS Executive HSC 2000/026*** (9th August 2000): Patient Group Directions [England only].
- ***Public Health England,*** Immunisation Against Infectious Disease– (The Green Book): Chapter 21v2 (Measles) Chapter 23 (Mumps), Chapter 28 (Rubella), Accessed at https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book on 13/06/2018.
- 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
- ***British National Formulary (BNF)***, online edition https://www.medicinescomplete.com/mc/bnf/current/
- ***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 2016***: Emergency Medical Treatment of anaphylactic reaction by first medical responders and community nurses. https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/
- ***NICE guidance (https://www.nice.org.uk/guidance/cg134 )***
- Merck Sharp & Dohme, MMRVAXPRO® - ***Summary of Product Characteristics*** (SPC), (accessed from Electronic Medicines Compendium on 29/05/2018 at http://www.medicines.org.uk
- GlaxoSmithKline UK, Priorix® - ***Summary of Product Characteristics*** (SPC). Accessed from Electronic Medicines Compendium on 29/05/2018 at http://www.medicines.org.uk.
- NHS public health functions agreement 2017-18. Service Specification No.10: Measles, Mumps and Rubella (MMR) immunisation programme (April 2017, NHS Gateway number: 06722). https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-10.pdf

## 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 accredited 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 is 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

**MMR VACCINE ( MMRVAXPRO®, Priorix® )**

……under this Patient Group Direction (NECSAT 2018/004)

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 July 2018 | Review Date: - April 2020 | **Expiry Date: - 30th June 2020** |

# Management & Monitoring of Patient Group Direction NECSAT 2018/004

**MMR vaccine (Measles, Mumps, Rubella)**

## Healthcare Professional Authorisation (service/practice list)

***This form is to 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

**MMR (MMRVAXPRO®, Priorix®) vaccine** under the Patient Group Direction (NECSAT 2018/004)

**PGD Valid from date:** 1st July 2018 **PGD Expiry Date:** 30th June 2020

| **Healthcare Professional** | | | **Authorised by:** | | |
|---|---|---|---|---|---|
| **Name** | **Signature** | **Date** | **Name** | **Signature** | **Date** |
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| PGD Valid from: 1st July 2018 | Review Date: - April 2020 | **Expiry Date: - 30th June 2020** |