NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Patient Group Direction For The Administration Of Measles, Mumps And Rubella (MMR) Live Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

Lead Author: Adapted from PHS National PGD by the Medicines Management Specialist Nurse NHSG	**Consultation Group:** See relevant page in the PGD	**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Signature:		**Signature:**
NoS Identifier: NoS/PGD/MMR/ MGPG1219	**Review Date:** November 2023 **Expiry Date:** November 2024	**Date Approved:** November 2021

NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 2.2 (Amended August 2022)

Revision History:

Reference and approval date of PGD that has been adapted and/or superseded	PGD adapted from PHS national template and supersedes NoS/PGD/MMR/MGPG1219 Version 2.1.1	
Date of change	**Summary of Changes**	**Section heading**
September 2021	Yearly updated PGD adapted from PHS PGD template. This PGD has undergone minor rewording, layout, formatting changes.	
March 2022	Wording changed to include all healthcare professionals approved in current legislation that can operate under a PGD.	Professional qualifications and Authorisation of administration
April 2022	Minor amendment to Authorisation of Administration section due to omission of occupational therapist, orthoptist/prosthetists, radiographers and speech and language therapists to include all registered healthcare professionals that may be authorised to operate under this PGD.	Authorisation of administration
July 2022	PGD transferred onto new NoS vaccine PGD template following an update to the PHS National PGD template.	Throughout
July 2022	Inclusion criteria expanded to include other patient groups out with the Scottish childhood immunisation programme.	Inclusion criteria
July 2022	Section updated to include dosing information for the other patient groups out with the Scottish childhood immunisation programme.	Frequency of dose/Duration of treatment
August 2022	NHST specific inclusion for children requiring booster following chemotherapy added.	Inclusion criteria and Frequency of dose/Duration of treatment

NoS Identifier: NoS/PGD/MMR/MGPG1219
Keyword(s): PGD Patient Group Direction MMR measles mumps rubella vaccine immunisation MMR M-M-RVAXPRO® Priorix®

Policy Statement:
It is the responsibility of the individual healthcare professional and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be

reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document:	Drafted:	September 2021
	Completed:	November 2021
	Approved:	November 2021 (published – January 2022, September 2022)
	Amended and reauthorised:	March 2022, April 2022, August 2022

Organisational Authorisations

This PGD is not legally valid until it has had the relevant organisational authorisation.

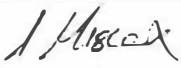
PGD Developed/Reviewed by;

Medical practitioner	**Name:** Dr Susan Laidlaw **Health Board:** NHSS **Title:** Public Health Consultant **Contact email:** susan.laidlaw2@nhs.scot **Signature** ..... **Date signed:** 19/07/2022
Senior representative of the professional group who will provide care under the direction	**Name:** Pauline Merchant **Health Board:** NHSG **Title:** Clinical Lead Nurse -Vaccination Programme **Contact email:** pauline.merchant@nhs.scot **Signature** ..... **Date signed:** 11/08/2022
Lead author	**Name:** Frances Adamson **Health Board:** NHSG **Title :** Medicines Management Specialist Nurse **Contact email:** frances.adamson@nhs.scot **Signature** ..... **Date signed:** 19/07/2022
Pharmacist	**Name:** Thomas Ross **Health Board:** NHSH **Title :** Associate Director of Pharmacy **Contact email:** thomas.ross2@nhs.scot **Signature** ..... **Date signed:** 03/08/2022

Approved for use within NoS Boards by;

North of Scotland (NoS) PGD Group Chair	Signature	Date Signed
Lesley Coyle		07/09/2022

Authorised and executively signed for use within NoS Boards by;

NHS Grampian Chief Executive	Signature	Date Signed
Professor Caroline Hiscox		15/09/2022

Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and a representative of the professional group who will provide care under the direction.

Name:	Title:
Frances Adamson	**Lead Author:** Medicines Management Specialist Nurse NHSG
Thomas Ross	**Pharmacist:** Associate Director of Pharmacy NHSH
Dr Susan Laidlaw	**Medical Practitioner:** Consultant in Public Health NHSS
Pauline Merchant	**Senior Representative:** Clinical Lead Nurse -Vaccination Programme NHSG
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Patient Group Direction For The Administration Of Measles, Mumps And Rubella (MMR) Live Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

Clinical indication to which this PGD applies

Definition of situation/Condition	This Patient Group Direction (PGD) will authorise approved healthcare professionals as detailed in the characteristics of staff authorised to work under this PGD to administer Measles, Mumps and Rubella (MMR) live vaccine for immunisation against measles, mumps and/or rubella disease. This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), The Green Book and the individual Summary of Product Characteristics (SmPC).
Inclusion criteria	• Individuals from one year of age (on or after their first birthday) or older as part of the Scottish childhood immunisation programme. • Individuals with uncertain or incomplete immunisation status in accordance with the vaccination of individuals with uncertain or incomplete immunisation status flow chart. • Individuals between 6 months and 1 year of age and early protection is considered necessary, such as due to travel or outbreak. • Individuals aged 6 months and over and vaccination is indicated for measles post-exposure prophylaxis in accordance with local public health team advice. • Revaccination of individuals who have received a haemopoietic stem cell transplant. **The following inclusion is relevant to NHS Tayside only and does not apply in any other NoS Board -** Children requiring booster doses 6 months after completing chemotherapy as per NHST local guidance. Prior to the administration of the vaccine, valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with current individual NHS Boards consent policy.

Exclusion criteria	Individuals who: • Have had a confirmed anaphylactic reaction to a previous dose of any measles, mumps or rubella containing vaccine or to any components of the vaccine, these may include neomycin or gelatin (refer to relevant SmPC). • Have a history of severe (i.e. anaphylactic reaction) to latex where the vaccine is not latex free. • Are known to be pregnant. • Have a primary or acquired immunodeficiency state (see The Green Book Chapter 6 for more detail) • Are on current or recent high dose immunosuppressive or biological therapy (see The Green Book Chapter 6 for more detail) • Have received varicella, zoster or yellow fever vaccine in the preceding 4 weeks, unless protection against measles is required rapidly (see The Green Book Chapter 21 Table 21.1) • Have received blood products, such as immunoglobulins, in the preceding 3 months, unless protection against measles is required rapidly (see The Green Book Chapter 21) • Are awaiting reading of a tuberculin (Mantoux) skin test, unless protection against measles is required rapidly (see Green Book Chapter 21 Table 21.1) • Are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation). Individuals for whom no valid consent has been received.
Precautions and special warnings	Minor illness without fever or systemic upset is not a valid reason to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. The Green Book advises there are very few individuals who cannot receive MMR vaccine. When there is doubt, appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team. If idiopathic thrombocytopenic purpura (ITP) has occurred within six weeks of the first dose of MMR, then blood should be taken and tested for measles, mumps and rubella antibodies before a second dose is given. If the results suggest incomplete immunity against measles, mumps or rubella, then a second dose of MMR is recommended. Seek specialist advice.

	MMR vaccine is not recommended for patients with severe immunosuppression (see The Green Book Chapter 6). MMR vaccine can be given to people living with HIV who are not immunosuppressed or those with moderate immunosuppression (as defined in Table 21.2 of The Green Book Chapter 21). 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 become clear. If there is a risk of exposure, however, it may be more appropriate to counsel the patient about the benefits of protection rather than deferring. Children with a personal or close family history of seizures should be given MMR vaccine.
Action if excluded from treatment	Medical advice must be sought – refer to relevant medical practitioner for advice on the vaccine and circumstances under which it could be given using a patient specific direction. The risk to the individual of not being immunised must be taken into account. Discussion of the risk and benefits of vaccination should take place. Discussions and decisions taken should be documented in clinical records. In case of postponement due to acute severe febrile illness, advise when the individual can be vaccinated at a later date and ensure another appointment is arranged. Individuals who have had a confirmed anaphylactic reaction to a previous dose of MMR vaccine or any components of the vaccine should be referred to a clinician for specialist advice and appropriate management. Individuals who are pregnant should be advised to avoid contact with known or suspected cases of measles, mumps and rubella infection and report any rash illness or contact with rash illness to their GP and/or midwife. Women who are lacking two documented doses of MMR should be immunised after their pregnancy, at the earliest opportunity and before any further pregnancies. **Note:** MMR can be given to breast-feeding mothers without any risk to their baby.

	Individuals who have been immunised against varicella, zoster or yellow fever within the last 4 weeks, or received blood products in the preceding 3 months, and do not require rapid protection against MMR, defer immunisation until appropriate interval (see The Green Book Chapter 21 Table 21.1). Individuals who are awaiting reading of a tuberculin (Mantoux) test, should delay MMR vaccination until the skin test has been read unless protection against measles is required urgently. Document the reason for exclusion under the PGD and any action taken in the individual's appropriate clinical records.
Action if treatment is declined	Advise about the protective effects of the vaccine and the risk of infection and disease complications. Ensure they have additional reading material e.g. the Patient Information Leaflet (PIL) available to print here. Document advice given and decision reached. Inform/refer to the relevant medical practitioner if individual/parent/carer declines treatment. Document that the administration of the vaccine was declined, the reason and advice given in appropriate clinical records.

Description of vaccine available under the PGD

Name form and strength of vaccine	Measles, Mumps and Rubella (MMR) live vaccine available as; Priorix®, powder and solvent for solution for injection in a prefilled syringe. **Note:** Priorix® vaccine does not contain any gelatine and is suitable for use in those individuals who are unable to accept vaccines containing animal derivatives. **Or** M-M-RVAXPRO® powder and solvent for suspension for injection in a pre-filled syringe.
Legal status	MMR live vaccine is a Prescription-only Medicine (POM).
Is the use out with the SmPC?	Administration to infants between 6 months and 9 months of age is off-label in accordance with recommendations given in Chapter 21, Chapter 23 and Chapter 28 of Immunisation Against Infectious Disease: The Green Book.

	The individual/parent/carer should be informed prior to the administration that the use is off-label, however the vaccine is being offered in accordance with national guidance. Vaccine should be stored according to the conditions detailed below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to NHS Board guidance on storage and handling of vaccines guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use, administration under this PGD is allowed.
Dosage/Maximum total dose	0.5mL per administration.
Frequency of dose/Duration of treatment	**Routine childhood immunisation schedule** A total of two doses of 0.5mL provided at the recommended interval (see below): • The first dose should routinely be given at 1 year of age (on or after the first birthday) • The second dose is routinely scheduled before school entry at three years four months of age. **Incomplete immunisation history** Individuals from 1 year of age who have not received an MMR live 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. Those individuals with uncertain or incomplete immunisation status should be vaccinated in accordance with the Vaccination of individuals with uncertain or incomplete immunisation status flow chart. **Early vaccination due to travel, outbreak or contact with a probable or confirmed case of measles.** In accordance with advice from local health protection team informed by HPS Guidance for the control of measles incidents and outbreaks in Scotland. The MMR live 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 preschool booster at three years four months). 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 given the second dose at less than 15 months of age, then another routine dose (a third dose) should be given after 18 months of age in order to ensure full protection. **Revaccination of individuals who have received a haemopoietic stem cell transplant:** In accordance with the schedule recommended by the Scottish Haematology Society vaccination policy (Post HSC Transplantation) **NHS Tayside ONLY:** **Revaccination of children aged up to 16 years who have received chemotherapy within the last 6 months** In accordance with the schedule recommended in the Vaccinations For Paediatric Patients Treated With Standard-Dose Chemotherapy And Haemopoietic Stem Cell Transplantation (HSCT) Recipients.
Maximum or minimum treatment period	Two doses of 0.5mL at the recommended interval (see Dose/Maximum Total Dose and Frequency of dose/Duration of treatment sections above).
Route/Method of administration	Administer by intramuscular injection. The preferred site is the deltoid region of the upper arm or the anterolateral aspect of the thigh. The intramuscular route is routinely used because localised reactions are more common when vaccines are given subcutaneously. However, for individuals with a bleeding disorder, vaccines may alternatively be given by subcutaneous injection to reduce the risk of bleeding. The vaccine must be reconstituted in accordance with the manufacturer's instructions prior to administration. The vaccine should be visually inspected for particulate matter and discoloration prior to administration. In the event of any foreign particulate matter and/or variation of physical aspect being observed, do not administer the vaccine.

	MMR vaccine can be given at the same time as other vaccines such as DTaP/ IPV, Hib/MenC, PCV, hepatitis B and Men B. If the MMR vaccine cannot be given at the same time as an **inactivated** vaccine, it can be given at any interval before or after. When administering at the same time as other vaccines care should be taken to ensure that the appropriate route of injection is used for each of the vaccinations. The vaccines should be given when possible in different limbs to allow monitoring of local reactions to MMR vaccine. If given in the same limb they should be given at different sites at least 2.5cm apart (American Academy of Paediatrics 2003). The site at which each vaccine was administered should be noted in the individual's records.
Quantity to be administered	0.5mL dose per administration.
Storage requirements	Vaccine will be stored in a temperature controlled refrigerator between +2°C and +8°C. Refrigerators should have maximum and minimum temperatures recorded daily. Store in original packaging in order to protect from light. Do not Freeze. After reconstitution, the vaccine should be administered promptly or stored between +2°C to +8°C and used within 8 hours of reconstitution. If not used after this time it should be discarded. Individual NHS Board guidance on the storage, handling and cold chain in relation to vaccines must be observed. Likewise, individual NHS Board guidance in relation to waste management and the disposal of all spent, partially spent or unused vaccines must also be observed. In the event of an inadvertent or unavoidable deviation of these conditions, vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed for suitability of continued off-label use or appropriate disposal.
Additional Information	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. M-M-RVaxPRO® (Sanofi Pasteur MSD) contains porcine gelatine. Priorix® (GSK) does NOT contain porcine gelatine and can be offered as an alternative to M-M-RVaxPRO®.

	Health professionals should be aware to order Priorix® when running clinics for relevant communities. 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. Immunological response may be diminished in those receiving immunosuppressive treatment. 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. Advice on intervals between **live** vaccines is based upon specific evidence of interference between vaccines. The current advice for MMR is detailed in Table 21.1 of The Green Book Chapter 21.
Follow-up (if applicable)	Following immunisation patients should remain under observation in line with individual NHS Board policy. Individuals should not leave if they are feeling unwell without speaking to the healthcare professional who administered the vaccine first. If necessary a doctor or the individuals GP should be contacted for advice.
Advice (Verbal)	• Advise individual/parent/carer what to expect and of the possible side effects and their management. • Advise the individual that pregnancy should be avoided for one month after the vaccination. • Individuals/carers should be advised to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme.

	When administration is postponed advise the individual/parent/carer when to return for vaccination. If appropriate, advise when subsequent doses are due and if any follow up is required.
Advice (Written)	The PIL contained in the medicine(s) should be made available to the individual/parent/carer. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand. Supply immunisation promotional material as appropriate. More information regarding this vaccine can be found at: https://www.nhsinform.scot/healthy-living/immunisation
Identifying and managing possible adverse reactions	Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints. The most commonly seen reactions are minor local injection site reactions such as hardening of the skin, oedema, pain and redness. A small painless nodule may form at the injection site. Malaise, fever and/or a rash may occur, most commonly about a week after immunisation, and last about two to three days. In studies parotid swelling occurred in about 1% of children of all ages up to four years, usually in the third week. Events due to the measles component occur six to eleven days after vaccination. Events due to the mumps and rubella components usually occur two to three weeks after vaccination but may occur up to six weeks after vaccination. Individuals with vaccine-associated symptoms are not infectious to others. Adverse reactions are considerably less common after a second dose of MMR vaccine than after the first dose. **Rare and more serious events** Febrile seizures are the most commonly reported neurological event following measles immunisation. Seizures occur during the sixth to eleventh day in 1 in 1000 children vaccinated with MMR.

	Arthropathy (arthralgia or arthritis) has also been reported to occur rarely after MMR immunisation, probably due to the rubella component. If it is caused by the vaccine, it should occur between 14 and 21 days after immunisation. Where it occurs at other times, it is highly unlikely to have been caused by vaccination. ITP has occurred rarely following MMR vaccination, usually within six weeks of the first dose and resolves spontaneously. The risk of developing ITP after MMR vaccine is much less than the risk of developing it after infection with wild measles or rubella virus. Further details on adverse reactions following MMR vaccine can be found in The Green Book Chapter 21, Chapter 23 and Chapter 28. As with all vaccines there is a very small possibility of anaphylaxis and facilities for its management must be available. **This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SmPC for details of all potential adverse reactions.** **BNF/BNFC**: BNF British National Formulary - NICE BNF for Children British National Formulary - NICE **SmPC/PIL/Risk Minimisation Material:** Home - electronic medicines compendium (emc) MHRA Products | Home RMM Directory - (emc) If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Document in accordance with locally agreed procedures in the individual's record. Report any suspected adverse reactions using the Yellow Card System. Yellow Card Scheme - MHRA

Facilities and supplies required	The following are to be available at sites where the vaccine is to be administered: • Pharmaceutical refrigerator (or a validated cool box for storing vaccine if mobile unit) • An acceptable level of privacy to respect individual's right to confidentiality and safety • Basic airway resuscitation equipment (e.g. bag valve mask) • Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection • Access to a working telephone • Another competent adult, who can summon urgent emergency support if required should ideally be present • Access to medical support (this may be via the telephone) • Approved equipment for the disposal of used materials • Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel • A copy of this PGD in print or electronically

Characteristics of staff authorised to administer vaccine under PGD

Professional qualifications	The following classes of registered healthcare practitioners are permitted to administer vaccines as identified and included in individual Board immunisation delivery plans: • Nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) • Pharmacists currently registered with the General Pharmaceutical Council (GPhC) • Chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers and speech and language therapists currently registered with the Health and Care Professions Council (HCPC) • Dental hygienists and dental therapists registered with the General Dental Council • Optometrists registered with the General Optical Council.
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individual's/parent's/carer's capacity to understand the nature and purpose of vaccination in order to give or refuse consent • Familiar with the vaccine product and alert to changes in the product information.

	• Competent to undertake administration of the vaccine and discuss issues related to vaccination • Competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions • Competent in the handling and storage of vaccines, and management of the "cold chain" • Competent to work under this PGD and authorised by name as an approved person to work under the terms of the PGD.

Ongoing training and competency	**All professionals working under this PGD must:**
	• Have undertaken NoS PGD module training on TURAS Learn
	• Have attended basic life support training either face to face or online and updated in-line with individual Board requirements
	• Have undertaken immunisation training
	• Have undertaken NHS e-anaphylaxis training or equivalent which covers all aspects of the identification and management of anaphylaxis updated in-line with individual Board requirements
	• Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct. **Note:** All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of the vaccine. If any training needs are identified these should be discussed with those responsible for authorisation to act under the PGD.
	• Have knowledge and familiarity of the following;
	  ○ Current edition of the Green Book
	  ○ SmPC for the vaccine to be administered in accordance with this PGD
	  ○ Relevant policy relating to vaccine storage and immunisation procedures for use within their Health Board
	  ○ Relevant Scottish Government Health Directorate advice including the relevant CMO letter(s).

Responsibilities of professional manager(s)	**Professional manager(s) will be responsible for;** Ensuring that the current PGD is available to all staff providing care under this direction. Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above.

	Maintain up to date record of all staff authorised to administer the vaccine specified in this direction.

Documentation

Authorisation of administration	Qualified registered healthcare professionals working within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles listed and approved in legislation as able to operate under PGD can be authorised to administer the vaccine specified in this PGD in accordance with local delivery plans and by agreement at individual Board level as per the following: Nurses, midwives and health visitors can be authorised by their line manager. Pharmacists working within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles can be authorised to administer the medicine(s) specified in this PGD when they have completed local Board requirements for service registration. The following list of healthcare professionals can be authorised by their Line Manager, Head of Service or Vaccine Coordinator: Chiropodists, dental hygienists, dental therapists, dieticians, occupational therapists, optometrists, orthoptists, orthotist/prosthetists, paramedics, physiotherapists, podiatrists, radiographers and speech and language therapists. All authorised staff are required to read the PGD and sign the Agreement to Administer Medicines Under PGD (Appendix 1). A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board.
Record of administration	An electronic or paper record must be completed to allow audit of practice. An electronic/Hospital Electronic Prescribing and Medicines Administration (HEPMA) record of the screening and subsequent administration, or not of the medicine(s) specified in this PGD should be made in accordance with individual Health Board electronic/HEPMA recording processes. If a paper record is used for recording the screening of individuals and the subsequent administration, or not of the medicine(s) specified in this PGD, it should include as a minimum:

	• Date and time of vaccine administration • Individuals name, address and CHI • GP with whom the individual is registered • Exclusion criteria, record why the vaccine was not administered (if applicable) • Record that valid consent to treatment under this PGD was obtained • The name, brand, dose, form, batch number, expiry date, route/and anatomical site of the vaccination administered • Advice given, including advice given if excluded or declined vaccination under this PGD • Signature and name in capital letters of the healthcare professional who administered the vaccine, and who undertook the assessment of the individual's clinical suitability for the vaccine • Where childhood immunisations are given information of the administration must be provided to the GP Practice and Practitioner Services Division (PSD) for inclusion on the Scottish Immunisation Recall System (SIRS). • Record of any adverse effects and the actions taken (advise individuals' GP/relevant medical practitioner). Depending on the clinical setting where administration is undertaken, the information should be recorded manually or electronically on the individual service specific system, as appropriate. • Child Health Information Services if appropriate • Hand–held records such as red book if appropriate • Occupational Health Systems • Individual's GP records if appropriate • HEPMA • Individual service specific systems. Local policy should be followed with respect to sharing information with the individual's General Practitioner. All records should be clear, legible and contemporaneous and in an easily retrievable format.
Audit	All records of the vaccine specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service where the PGD will be used will be responsible for annual audit to ensure a system of recording medicines administered under a PGD.

References	Electronic Medicines Compendium http://www.medicines.org.uk M-M-RVAXPRO® Date of revision of text 01/01/21, accessed 19/07/2022. Priorix® – Date of revision of text 06/05/20, accessed 19/07/2022. British National Formulary for Children and the British National Formulary accessed 19/07/2022. Department of Health (2006): Immunisation against Infectious Disease [Green Book] Measles: the green book, chapter 21 - GOV.UK (www.gov.uk) Mumps: the green book, chapter 23 - GOV.UK (www.gov.uk) Rubella: the green book, chapter 28 - GOV.UK (www.gov.uk) Vaccinations For Paediatric Patients Treated With Standard-Dose Chemotherapy And Haemopoietic Stem Cell Transplantation (HSCT) Recipients (2020) American Academy of Pediatrics (2003) Active immunisation. In: Pickering LK (ed.) Red Book: 2003 Report of the Committee on Infectious Diseases, 26th edition. Elk Grove Village, IL: American Academy of Pediatrics, p 33.

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 1

Healthcare Professional Agreement to Administer Vaccine Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to administer the vaccine contained within the following Patient Group Direction:

Patient Group Direction For The Administration Of Measles, Mumps And Rubella (MMR) Live Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

I have completed the appropriate training to my professional standards enabling me to administer the vaccine under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN _____

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 2

Healthcare Professionals Authorisation to Administer Vaccine Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to administer the vaccine under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to administer the vaccine under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.
Patient Group Direction For The Administration Of Measles, Mumps And Rubella (MMR) Live Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles
Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For The Administration Of Measles, Mumps And Rubella (MMR) Live Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**