

**Standing Order**

**Administration of Tdap vaccine to non-schedule population**

|  |  |  |  |
| --- | --- | --- | --- |
| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

|  |  |
| --- | --- |
| **Standing Order Name** | Administration of Tdap vaccine to non-schedule population |
| **Rationale** | The goal of the pertussis immunisation programme is to protect those most at risk of developing severe disease; that is, infants in the ﬁrst year of life. Two key strategies for reducing the burden of disease in infants are the administration of Tdap vaccination during pregnancy and on time infant immunisation. Infants can be protected by immunisation of others at risk of developing pertussis, with whom the infant may come into contact. The ‘cocoon strategy’ is the term used to describe the protection of infants by immunising those who are potential sources of B. pertussis. This involves the targeted immunisation of adult groups who have the most contact with young and vulnerable infants. Three identified groups are  (1) new mothers who have not had recent immunisation, family, and close contacts of newborns  (2) health care workers and  (3) early childhood workers. |
| **Scope (condition and patient group)** | The Immunisation Handbook 2017 states:  Tdap is recommended but not funded for:  • lead maternity carers and other health care personnel who work in neonatal units and other clinical settings (such as GPs and practice nurses), where they are exposed to infants, especially those with respiratory, cardiac, neurological or other co-morbid conditions (with a booster dose at 10-year intervals)  • household contacts of newborns, including adult household and other close contacts (contacts who are aged under 18 years and who are unimmunised or incompletely immunised for their age can receive funded pertussis vaccine  • early childhood workers (with a booster dose at 10-year intervals), although the priority is to ensure all children attending child care have received age-appropriate vaccination  • wound care |
| **Assessment** | * Check whether a primary course of a pertussis containing vaccine been administered * Check when the last dose was administered * Check whether the person has any contraindications to the vaccine |
| **Indication** | Immunity to pertussis required |
| **Medicine** | Tdap vaccine (trade names Boostrix or Adacel) |
| **Dosage instructions** | One 0.5ml pre filled syringe |
| **Route of administration** | IM Deltoid |
| **Quantity to be given** | One dose |
| **Contraindications** | * Anaphylaxis to a previous dose or any component of the vaccine is an absolute contraindication to further vaccination with that vaccine. * Temperature over 38°C |
| **Precautions** | See sections 2, 4 and 14 of the on-line Immunisation Handbook for pre-vaccination checklists and precautions |
| **Additional information** | Small risk of anaphylaxis, therefore patient should wait for 20 minutes post injection.  Verbal and written post vaccination (HE2505) information should be given  The Authorised Vaccinator is responsible for all documentation related to the vaccination event. |
| **Follow-up** | Any adverse event that occurs in the course of administration of this vaccine must be reported to CARM |
| **Countersigning and auditing** | Countersigning is required within ***10*** days by the prescriber |
| **Competency/training requirements** | The Registered Nurse must be an Authorised Vaccinator |
| **Supporting documentation** | Immunisation Handbook 2017 at <http://immunisation.book.health.govt.nz/>  Medsafe data sheets <https://www.medsafe.govt.nz/profs/Datasheet/b/Boostrixinj.pdf>  <https://www.medsafe.govt.nz/profs/Datasheet/a/adacelinj.pdf> |
| **Definition of terms used in standing order** | Prescriber – may be   * a nurse practitioner   • a medical practitioner  • a registered midwife  • a designated prescriber (which includes a registered nurse fulfilling the designated prescriber criteria)  Authorised Vaccinator – a registered nurses authorised to administer vaccines under section 44A of the Medicines Regulations (1984) |

|  |  |
| --- | --- |
| **Medical Centre or Clinic:** |  |

|  |
| --- |
| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Authorised Vaccinators operating under this standing order** |

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_