



Procedure for The Administration of Inactivated Influenza Vaccine
Maternity Services

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Table of Contents

	Section heading	Page
1.0	Introduction	3
2.0	Objective	3
3.0	Scope	3
4.0	Main body of the document	3
	4.1 When to offer the Inactivated Influenza Vaccine	3
	4.2 Name of Vaccine	4
	4.3 Vaccine Storage	4
	4.4 Consent and Documentation	4
	4.5 Adverse Reactions	4
5.0	Roles and responsibilities	4
	5.1 Midwives' roles and responsibilities	4
6.0	Associated documents and references	5
7.0	Training and resources	5
8.0	Monitoring and audit	5
9.0	Equality, diversity and inclusion	6
	9.1 Recording and monitoring of equality, diversity and inclusion	6
Appendix 1	Equality impact assessment – required for policy only	7
Appendix 2	Glossary of terms	7
Appendix 3	Document history/version control – must be the last appendix	8



1.0 Introduction

Flu is an acute viral infection of the respiratory tract. It is transmitted by droplets, aerosol, or through direct contact with the respiratory secretions of someone with the infection. The incubation period is between one to five days but may be longer. Symptoms in adults include chills headache, fever, dry cough, sore throat, stuffy nose, extreme fatigue, muscle and joint pain.

Pregnant women are particularly vulnerable to influenza and should be offered the annual influenza vaccine irrespective of their stage of pregnancy.

Pregnant women have an increased risk of complications if they contract flu. The implications of having the influenza infection during pregnancy may be associated with premature birth and small for gestational age.

2.0 Objective

To increase uptake of the flu vaccination and decrease risks associated with flu infections during pregnancy.

There is an identified need to reduce inequality in access to vaccines for marginalised groups such as Black, Asian and Ethnic Minority (BAME) communities, people with learning disabilities and those living in the most deprived areas (NHSE, 2020).

This Standard Operating Procedure (SOP) aims to increase equitable access to all groups of pregnant women accessing their care through Barnsley Hospital Maternity Services.

To ensure that all staff are aware of the correct procedures in relation to administration of seasonal influenza vaccines.

3.0 Scope

This SOP is for midwives who have completed the appropriate training in order to vaccinate pregnant women. These midwives are authorised as approved practitioners under the terms of the current Patient Group Directive (PGD), which they must have read and signed.

4.0 Main body of the document

4.1 When to offer the Inactivated Influenza Vaccine

The inactivated flu vaccine can be safely and effectively administered during any trimester of pregnancy. The vaccine is offered to pregnant women generally before the flu season starts; within Barnsley Hospital Maternity Services flu vaccination for patients starts in September.

4.2 Name of Vaccine

Inactivated influenza vaccine suspension in a pre-filled syringe, Egg grown Quadrivalent influenza vaccine QIVe.



4.3. Vaccine Storage

The vaccine is kept in the fridge in the Health Promotion Hub located in the Antenatal Day Unit (ANDU). The fridge temperature is checked and recorded daily, any problems are to be escalated to the antenatal clinic lead and pharmacy as soon as they are noticed and action is to be documented and communicated.

4.4 Consent and Documentation

Prior to administration, the midwife is required to discuss why the vaccine is being offered, its benefits/risks and the implications of not having the vaccine. This is to ensure that the patient fully understands the information given and can give informed consent. All information given should be supported by the distribution of approved patient information leaflets. All documentation should be recorded on Medway. It is the responsibility of the midwife giving the vaccination to inform the patient's GP within 2 working days via direct email, including the following information:

- Name of the vaccine used
- Dose given e.g. 0.5ml
- Site given e.g. left deltoid
- Batch number
- Expiry date
- Date vaccine given

4.5 Severe Adverse Reactions

In the unlikely event that the patient develops a severe adverse reaction to the vaccine, ring **2222** and **request the crash team, obstetric team (if the woman is pregnant) and neonatal team if required.**

The anaphylactic shock kit is located on the resuscitation trolley in ANDU. Monitor and record any adverse effects.

5.0 Roles and responsibilities

5.1 Midwives' Roles and Responsibilities

It is the responsibility of the midwife to ensure they have received vaccination administration training and are competent in all aspects of immunisation including awareness of contra-indications to the vaccine and management of anaphylaxis.

It is the responsibility of the midwife to be aware of the current immunisation recommendations (as detailed in the 'Green Book' - Immunisation Against Infectious Disease 2019).

All midwives working in the Health Promotion Hub are to ensure sharps are disposed of following the Trust Safe Handling and Disposal of Sharps Policy.

All midwives working in the Health Promotion Hub are responsible for ordering the vaccines on a weekly basis.

6.0 Associated documents and references



Immunisation Against Infectious Disease: The Green Book, [Chapter 19](#). Published 23 April 2019. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Safe Handling and Disposal of Sharps:
<https://portal.bdgtr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TAD/Safe%20handling%20and%20disposal%20of%20sharps>

The national flu immunisation programme 2019 to 2020: supporting letter. Published 5 August 2020. <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

7.0 Training and resources

All BHNFT staff administering the flu vaccination will be trained to meet Trust vaccination standards in the first instance followed thereafter by yearly updates.

Anaphylactic shock training will be done annually as update training.

8.0 Monitoring and audit

The Table below helps to focus the author on the monitoring requirements and must be used for all Trust Approved Documents. Assistance can be obtained from the Clinical Governance and Compliance Manager.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/group/ committee for monitoring of action plan and implementation
Target 80% of pregnant women offered the vaccines receive influenza vaccine	Audit Medway data collection	Infection prevention and control team/ Maternity services	Monthly	Infection prevention and control team/ Maternity services	Infection prevention and control team/ Maternity services	Infection prevention and control team/ Maternity services Matron for maternity services

9.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This procedure should be implemented with due regard to this commitment.



To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1
Equality Impact Assessment – required for policy only

Appendix 2

Glossary of terms

ANDU	Antenatal Day Unit
BAME	Black and Minority Ethnic
BHNFT	Barnsley Hospital NHS Foundation Trust
GP	General practitioner
NHSE	NHS England
PGD	Patient Group Directive
SOP	Standard Operating Procedure

Appendix 3

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Maternity guideline group	1.10.2020
Women's services business and governance group	23.10.2020
CBU 3 Overarching Governance Meeting	27.01.2021
NICE Trust clinical guideline group meeting	25.03.2021



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Standard Operating Procedure
Document title	Procedure for The Administration of Inactivated Influenza Vaccine
Document author (Job title and team)	Walburgh Manhungira Public Health Midwife/Wellbeing Team Lead
New or reviewed document	New
List staff groups/departments consulted with during document development	Kerry Bushell – Maternity Transformation Lead Deena Goodhead – Trainee Service Manager Tarren Jones- Lead Pharmacist Women, Children and Neonates Charlotte Cole – Practice Education Lead
Approval recommended by (meeting and dates):	Maternity guideline group 01.10.2020 Women’s services business and governance group 23.10.2020 CBU 3 Overarching Governance Meeting 27.01.2021
Date of next review (maximum 3 years)	27.01.2024
Key words for search criteria on intranet (max 10 words)	Influenza, Flu, Vaccine
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Charlotte Cole Designation: Practice Educator Midwife

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

<p>Approved by (group/committee): NICE Trust clinical guideline group meeting</p> <p>Date approved: 25/03/2021</p> <p>Date Clinical Governance Administrator informed of approval: 12/04/2021</p> <p>Date uploaded to Trust Approved Documents page: 14/04/2021</p>
