



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Emergency Room		
<b>Document:</b>	Multidisciplinary Policy and Procedure		
<b>Title:</b>	Tetanus Prophylaxis		
<b>Applies To:</b>	All Emergency Room Staff		
<b>Preparation Date:</b>	January 05, 2025	<b>Index No:</b>	ER-MPP-009
<b>Approval Date:</b>	January 19, 2025	<b>Version :</b>	2
<b>Effective Date:</b>	February 19, 2025	<b>Replacement No.:</b>	ER-MPP-009 (1)
<b>Review Date:</b>	February 19, 2028	<b>No. of Pages:</b>	3

## 1. PURPOSE:

- 1.1 To minimize the risk of tetanus infection in all emergency room patients.
- 1.2 To improve compliance in immunization protocols in emergency room for patient with wounds.
- 1.3 To implement recommendations for tetanus prophylaxis in wound management.

## 2. DEFINITIONS:

- 2.1 **DTap** – Diphtheria and Tetanus Toxoid adsorbed and acellular pertussis vaccine for use in persons under seven years of age.
- 2.2 **DTP** – Diphtheria and Tetanus Toxoid adsorbed, and pertussis vaccine for use in persons over seven years of age.
- 2.3 **DT** – Diphtheria and Tetanus Toxoid adsorbed, for use in persons less than seven years of age in whom acellular pertussis vaccine is contraindicated.
- 2.4 **Td** – Tetanus and Diphtheria toxoids adsorbed (for adult use) for use in persons seven years of age and older.
- 2.5 **T** – Tetanus Toxoid adsorbed, for use when combined antigen preparations are contraindicated.
- 2.6 **TIG** – Human tetanus immune globulin.
- 2.7 **Primary immunization** – Three doses of a preparation containing tetanus toxoid, with the first two doses given at least for weeks apart and the third dose given six months after the second.
- 2.8 **Clean minor wounds** – wounds with minimal tissue damage or environmental contamination, in which the risk of tetanus exposure is felt to be minimal.
- 2.9 **All other wounds** – wounds in which there is a risk of tetanus contamination, such as, but not limited to, wounds contaminated with dirt, feces, soil, and saliva; puncture wounds; avulsions, and wounds resulting from missiles, crushing, burns and frostbite.

## 3. POLICY:

- 3.1 The decision to initiate post – exposure prophylaxis depends on the type and condition of the wound and the patient's vaccination history.
- 3.2 The emergency physician should determine the type of the wound as either clean minor wound, or all other wounds.
- 3.3 The ER physician should determine the two important factors about patient's vaccination history for all patients presented to emergency department with wound or burn:
  - 3.3.1 Whether the patient has had a primary immunization series (i.e. at least three doses of adsorbed tetanus toxoid).
  - 3.3.2 Elapsed time period since the last vaccination dose.
- 3.4 ER should consider a patient not having any previous tetanus vaccination if the history of past immunization is unknown or uncertain.
- 3.5 ER physician and ER nurses should document all the above information in the ER 2A form.
- 3.6 For clean minor wounds, it is recommended that a patient receives tetanus toxoid prophylaxis if 10 or more years have elapsed since the last tetanus toxoid containing vaccine dose.

- 3.7 For all other wounds, tetanus toxoid prophylaxis is recommended if 5 or more years have elapsed since the last dose.
- 3.8 DTaP is indicated for primary and booster vaccination for children aged 6 weeks to 7 years.
- 3.9 Post-exposure prophylaxis with TIG and tetanus toxoid should be given at the same time for patient with tetanus-prone wounds who are uncertain about their primary immunization history or who have received fewer than three prior tetanus toxoid doses in the past.
- 3.10 TIG is categorized as a pregnancy category C drug and, when indicated, can be given to a pregnant patient. No dosage is necessary in patients with renal impairment.

#### 4. PROCEDURE:

- 4.1 Td is given (above age 7) as a 0.5ml intramuscular dose into the deltoid muscles of the upper arm.
- 4.2 DTaP is given (below age 7) as 0.5ml intramuscular injection in the anterolateral aspect of the thigh.
  - 4.2.1 Contraindication:
    - 4.2.1.1 A history of a neurological reaction (e.g, encephalopathy) or an immediate anaphylactic reaction is a contraindication to further Td vaccinations.
    - 4.2.1.2 Patients who have experienced a hypersensitivity reaction or a temperature greater than 39.4°C follow a prior dose of tetanus toxoid. These individuals should not be given further routine or even emergent booster doses of Td more frequently than every 10 years.
    - 4.2.1.3 DTaP is not recommended for administration in pregnant patients.
    - 4.2.1.4 There is no evidence that Td is teratogenic, and it is the recommended tetanus toxoid – containing vaccine in pregnant patients.
  - 4.1.3 The dose for TIG post-exposure prophylaxis is 250 U intramuscularly into the deltoid muscle or anterolateral aspect of the upper thigh muscles.
  - 4.1.4 Tetanus Toxoid and TIG should not be administered at the same site or given by the same syringe.
  - 4.1.5 TIG should not be given intravenously due to an increased risk for an anaphylactic reaction.
  - 4.1.6 Document the incident, procedure and treatment and patient's condition in the ER form.

#### 5. MATERIALS AND EQUIPMENT:

N/A

#### 6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse




#### 7. APPENDICES:

- 7.1 Guide to tetanus prophylaxis in wound management in persons less than 7 years old
- 7.2 Guide to tetanus prophylaxis in wound management in persons 7 years or older

## 8. REFERENCES:

- 8.1 American College of Emergency Physician. Avoidable Error in Wound Management. Issue 55 October 2002.
- 8.2 Centers for Disease Control and Prevention. Preventing tetanus, diphtheria, and pertussis among adult: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertusis vaccine. MMWR 2006; 55 (RR17): 1-33.
- 8.3 Guidelines for Emergency Department, Ministry of Health, 2013.

## 9. APPROVALS:

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**Appendix 1: Guide to tetanus prophylaxis in wound management in persons less than 7 years old.**

History of Adsorbed Tetanus Toxoid (doses)	Clean Minor Wounds		All Other Wounds	
	DTaP* (0.5mL 1M)	TIG (250 U 1M)	DTaP* (0.5mL 1M)	TIG (250 U 1M)
Unknown or less than three doses	Yes**	No	Yes**	Yes
Three or more doses	No***	No	No***	No

\*Use DT if pertussis vaccine is contraindicated (see Contraindications).

\*\*The primary immunization series should be completed.

\*\*\*Yes, if the routine immunization schedule has lapsed (i.e. to make up for missed doses).

\*\*\*\*Yes, if the routine immunization schedule has lapsed, or if more than five years since last dose of tetanus toxoid.

**Appendix 2: Guide to tetanus prophylaxis in wound management in persons 7 years or older.**

History of Adsorbed Tetanus Toxoid (doses)	Clean Minor Wounds		All Other Wounds	
	Td	TIG	Td	TIG
Unknown or less than three doses	Yes	No	Yes	Yes
Three or more doses	No**	No	No***	No

\*If only three doses of fluid toxoid have been received, then a fourth dose of toxoid, preferably an adsorbed toxoid, should be given.

\*\*Yes, if > 10 years since last dose

\*\*\*Yes, if >5 years since last dose. (More frequent booster is not needed and can accentuated side effects.)