

**Appendix 2**

**Healthcare Professional 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 he or she is 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 he or she understands and is 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 his or her individual code of professional practice and conduct. |
| **Patient Group direction for the administration of Nuvaxovid(Novavax COVID-19 Vaccine (recombinant, adjuvanted))****by Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles****(Version 1.1 – valid from 22nd September 2022)** |
| **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** **Nuvaxovid(Novavax COVID-19 Vaccine (recombinant, adjuvanted)) by Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles** **(Version 1.1 – valid from 22nd September 2022)** |
| **Name of Healthcare Professional** | **Signature** | **Date** | **Name of Manager** | **Signature** | **Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |