

Appendix 1

Healthcare Professional Agreement to Administer Vaccine Under Patient Group Direction

|  |  |
| --- | --- |
| **I:** | (Insert name) |
| **Working within:** | e.g. Health Board, Area  Practice |

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

Patient Group Direction For The Administration of Inactivated Influenza Vaccine 2022/23 Season by Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles (Version 1.2 – Valid from 22nd September 2022)

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. **PGDs do not remove inherent professional obligations or accountability.**

|  |
| --- |
| **Signed:** |
| **Print Name:** |
| **Date:** |
| **Profession:** |
| **Professional Registration number/PIN** |

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PGD For The Administration Of Inactivated Influenza Vaccine – Version 1.2 Valid From 22nd September 2022