

Appendix 1 Healthcare Professional Agreement to Administer Vaccine Under Patient

Group Direction

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| --- | --- |
| **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 Supply For Immediate Administration Or Administration Of Live Attenuated Intranasal Influenza Vaccine (LAIV) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles (Version 1.1 – 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 Supply For Immediate Administration Or Administration Of LAIV- Version 1.1 Valid From 22nd September 2022