Patient Group Direction For The Administration Of Meningococcal ACWY Conjugate Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Orkney and Shetland

Lead Author:
Medicines Management Specialist Nurse NHSG

Consultation Group:
See relevant page in the PGD

Approver:
NHSG Medicines Guidelines and Policies Group

Authorisation:
NHS Grampian

Signature:

Signature:

NoS Identifier:
NHSG/PGD/MenACWYC/MGPG989

Review Date:
October 2020

Date Approved:
October 2018

Expiry Date:
October 2021

NHS Grampian, Orkney and Shetland have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 1.1 (Amended April 2019)
Revision History:

<table>
<thead>
<tr>
<th>Date of change</th>
<th>Summary of Changes</th>
<th>Section heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2018</td>
<td>Adapted in-line with newly reviewed HPS National PGD. Replaces the previous MenACWY PGD across the Boards as indicated in the title.</td>
<td></td>
</tr>
<tr>
<td>September 2018</td>
<td>Midwives and Health Visitors removed as they will not be administering the vaccine.</td>
<td></td>
</tr>
<tr>
<td>March 2019</td>
<td>PGD amalgamated with NHSG MenACWY PGD for at risk groups, travel and close contacts.</td>
<td></td>
</tr>
<tr>
<td>March 2019</td>
<td>Table added for dosing in all indications.</td>
<td>Dose/Maximum total dose</td>
</tr>
</tbody>
</table>

NoS Identifier: NoS/PGD/MenACWYC/MGPG989 Version 1.1
Keyword(s): PGD Patient Group Direction Men ACWY Menveo® Nimenrix® meningococcal nurse pharmacist

Policy Statement: It is the responsibility of the individual healthcare professional and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document: Drafted: July 2018
Completed: September 2018
Approved: October 2018 (published – October 2018)
Amended: April 2019
Organisational Authorisations

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD Developed/Reviewed by:

| Medical Practitioner | Name: Dr Diana Webster  
Health Board: NHSG  
Title: Consultant in Public Health  
Contact email: diana.webster@nhs.net  
Signature |  
|----------------------|---------------------------------------------------------------|
| Senior representative of the professional group who will provide care under the direction. | Name: Fiona Browning  
Health Board: NHSG  
Title: Health Protection Specialist Nurse  
Contact email: fiona.browning@nhs.net  
Signature |  
| Lead Author (if different from above) | Name: Frances Adamson  
Health Board: NHSG  
Title: Medicines Management Specialist Nurse  
Contact email: f.adamson@nhs.net  
Signature |  
| Pharmacist | Name: Mary McFarlane  
Health Board: NHSS  
Title: Principal Pharmacist  
Contact email: mary.mcfarlane@nhs.net  
Signature |
Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and a representative of the professional group who will provide care under the direction.

Frances Adamson
Dr Diana Webster
Fiona Browning
Mary McFarlane
Alison Work

Lead Author: Medicines Management Specialist Nurse NHSG
Medical Professional: Consultant in Public Health NHSG
Senior Representative: Health Protection Nurse Specialist NHSG
Pharmacist: Principal Pharmacist NHSS
Public Health Nursing Team Leader and Immunisation Co-ordinator NHSG

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

N.B. This PGD was impact assessed on 18/13/2019
Patient Group Direction For The Administration Of Meningococcal ACWY Conjugate Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Orkney and Shetland

Clinical indication to which this PGD applies

| Definition of situation/Condition | This Patient Group Direction (PGD) will authorise approved healthcare professionals to administer meningococcal ACWY conjugate vaccine (MenACWY) to adolescents in line with the Scottish Government Health Directorate MenACWY immunisation programme, and individuals as indicated in the below inclusion criteria. This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), The Green Book Chapter 22, TRAVAX, NaTHNaC and the individual Summary of Product Characteristics (SmPC). |
| Inclusion criteria | Adolescents aged 13 years to 18 years as part of the secondary school immunisation programme  
Previously unimmunised individuals not in school aged between 13 years and 25 years  
Travellers visiting parts of the world where the risk of meningococcal disease is high, such as travellers to Burundi, Rwanda and Tanzania or Hajj and Umrah pilgrimages may require proof of vaccination for visa requirements – refer to TRAVAX/NaTHNaC for current recommendations.  
Close contacts of a confirmed case of meningococcal disease caused by groups A, W135 or Y or group C as advised by individual Board Health Protection Teams or by the Scottish Government Health Directorate.  
Designated groups of patients to help control local outbreaks as recommended by individual Board Health Protection Teams or by the Scottish Government Health Directorate.  
Children and adults with asplenia, splenic dysfunction or complement deficiency as part of primary immunisation. See Green Book Chapter 7 for further advice.  
Prior to the administration of the vaccine, valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with current individual NHS Boards consent policy. |
### Exclusion criteria

<table>
<thead>
<tr>
<th>Individuals:</th>
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<tr>
<td>• Under 6 weeks of age</td>
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<tr>
<td>• With previous anaphylactic reaction to previous dose of the vaccine or to any of its excipients, including diphtheria toxoid or the CRM\textsubscript{197} carrier protein or tetanus toxoid</td>
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<tr>
<td>• With current acute systemic or febrile illness</td>
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<tr>
<td>• Where there is no valid consent.</td>
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</tbody>
</table>

### Precautions and special warnings

- Minor illness without fever or systemic upset is not a valid reason to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered.

**Individuals with a Bleeding Disorder** - An individual risk assessment should be undertaken prior to vaccination. As with any intramuscular (IM) vaccination, the injection should be given with caution to individuals with thrombocytopenia or any coagulation disorder, as bleeding may occur following IM administration. Therefore, individuals with known bleeding disorders or taking anticoagulant therapy should receive the vaccine by deep subcutaneous injection route to reduce the risk of bleeding. Individuals should be informed of the risk of developing haematoma and what to do if this occurs.

### Action if excluded from treatment

- Medical advice must be sought – refer to relevant medical practitioner. If clarification is required about an individual meeting the exclusion criteria advice can be sought from the local Health Protection team.

  The risk to the individual of not being immunised must be taken into account. Discussion of the risk and benefits of vaccination should take place. Discussions and decisions taken should be documented in clinical records.

  In case of postponement due to acute febrile illness, advise when the individual can be vaccinated at a later date and ensure another appointment is arranged.

  Document the reason for exclusion under the PGD and any action taken in the individual’s appropriate clinical records.

### Action if treatment is declined

- Advise about the protective effects of the vaccine and the risk of infection and disease complications. Ensure they have additional reading material e.g. the Patient Information Leaflet (PIL) available to print [here](#).

  Inform/refer to the relevant medical practitioner if individual/person with parental responsibility declines treatment.
Document that the administration of the vaccine was declined, the reason and advice given in appropriate clinical records.

### Description of vaccine available under the PGD

<table>
<thead>
<tr>
<th>Name form and strength of vaccine</th>
<th>Meningococcal ACWY conjugate vaccine.</th>
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<tbody>
<tr>
<td><strong>Menveo</strong>&lt;sup&gt;®&lt;/sup&gt; is supplied as a powder in a vial and a 0.5mL solution.</td>
<td></td>
</tr>
<tr>
<td>One dose (0.5 mL of the reconstituted vaccine) contains:</td>
<td></td>
</tr>
<tr>
<td>Meningococcal group A oligosaccharide</td>
<td>10 micrograms</td>
</tr>
<tr>
<td>Conjugated to <em>Corynebacterium diphtheriae</em> CRM&lt;sub&gt;197&lt;/sub&gt; protein</td>
<td>16.7 - 33.3 micrograms</td>
</tr>
<tr>
<td>(Originally contained in the solution)</td>
<td></td>
</tr>
<tr>
<td>Meningococcal group C oligosaccharide</td>
<td>5 micrograms</td>
</tr>
<tr>
<td>Conjugated to <em>Corynebacterium diphtheriae</em> CRM&lt;sub&gt;197&lt;/sub&gt; protein</td>
<td>7.1 - 12.5 micrograms</td>
</tr>
<tr>
<td>Meningococcal group W-135 oligosaccharide</td>
<td>5 micrograms</td>
</tr>
<tr>
<td>Conjugated to <em>Corynebacterium diphtheriae</em> CRM&lt;sub&gt;197&lt;/sub&gt; protein</td>
<td>3.3 - 8.3 micrograms</td>
</tr>
<tr>
<td>Meningococcal group Y oligosaccharide</td>
<td>5 micrograms</td>
</tr>
<tr>
<td>Conjugated to <em>Corynebacterium diphtheriae</em> CRM&lt;sub&gt;197&lt;/sub&gt; protein</td>
<td>5.6 - 10.0 micrograms</td>
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</tbody>
</table>

**Nimenrix**<sup>®</sup> is supplied as a powder in a vial and 0.5mL solvent in a pre-filled syringe.

After reconstitution, 1 dose (0.5 mL) contains:

- *Neisseria meningitidis* group A polysaccharide | 5 micrograms |
- *Neisseria meningitidis* group C polysaccharide | 5 micrograms |
- *Neisseria meningitidis* group W-135 polysaccharide | 5 micrograms |
- *Neisseria meningitidis* group Y polysaccharide | 5 micrograms |
- Conjugated to tetanus toxoid carrier protein | 44 micrograms |

| Legal status | Menevo<sup>®</sup> and Nimenrix<sup>®</sup> are Prescription-only Medicines (PoMs). |
**N.B.** The administration of this vaccine by subcutaneous injection to individuals with a bleeding disorder is outside the terms of the marketing authorisation and constitutes an off-label use of the vaccine. However, the use of the vaccine in this way is in-line with recommendations in the Green Book Chapter 4. Additionally, the off label use of Menveo® in children under 2 years of age, is a Green Book recommendation. The individual or the person with parental responsibility should be informed prior to the administration that the use is off-label.

<table>
<thead>
<tr>
<th>Dosage/Maximum total dose</th>
<th>Indication</th>
<th>Age</th>
<th>Dose (Menveo® or Nimenrix)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Travel, outbreak control, contacts of confirmed cases</td>
<td>6 weeks to less than one year of age</td>
<td>Two 0.5mL doses administered at least 4 weeks apart (Off-label - See Legal status section above).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 year of age and over</td>
<td>Single 0.5mL dose</td>
</tr>
<tr>
<td></td>
<td>At risk category (i.e. asplenia, splenic dysfunction or complement disorders – age at diagnosis)</td>
<td>6 weeks to less than one year of age</td>
<td>Two 0.5mL doses administered at least 4 weeks apart (Off-label - See Legal status section above).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 year of age and over</td>
<td>Single 0.5mL dose</td>
</tr>
<tr>
<td></td>
<td>Scottish Government MenACWY immunisation programme</td>
<td>13 years to 25 years of age</td>
<td>Single 0.5mL dose</td>
</tr>
<tr>
<td>Frequency of dose/Duration of treatment</td>
<td>See tables in Dose/Maximum total dose section above</td>
<td></td>
<td></td>
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<tr>
<td>----------------------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
<td></td>
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<tr>
<td>Maximum or minimum treatment period</td>
<td>See tables in Dose/Maximum total dose section above</td>
<td></td>
<td></td>
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<tr>
<td>Route/Method of administration</td>
<td>Administration in individuals 1 year of age or over should be given by <strong>Intramuscular (IM) Injection</strong>. Preferred site is deltoid area of upper arm. In infants, the recommended injection site is the anterolateral aspect of the thigh. Individuals with known bleeding disorders should receive the vaccine by deep subcutaneous route to reduce the risk of bleeding. <strong>This vaccine should not be given</strong> by the intravenous or intradermal routes under any circumstances. When administering at the same time as other vaccines care should be taken to ensure that the appropriate route of injection is used for each of the vaccinations. The vaccines should be given when possible in different limbs to allow monitoring of local reactions to Menveo® or Nimenrix®. If given in the same limb they should be given at different sites at least 2.5cm apart (American Academy of Paediatrics 2003). The site at which each vaccine was administered should be noted in the individual’s records. The vaccine should be inspected visually for any foreign particulate matter and/or variation of physical aspect before reconstitution and following reconstitution prior to administration. In the event of either being observed, discard the vaccine. It is recommended that the vaccine be administered immediately after reconstitution, to minimize loss of potency. Discard reconstituted vaccine if it is not used within 8 hours (see Storage section). The SmPC for Menveo® and Nimenrix® provide further guidance on reconstitution and administration of the vaccines.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantity to be administered</td>
<td>See tables in Dose/Maximum total dose section above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage requirements</td>
<td>Vaccine will be stored in a temperature controlled refrigerator between +2°C and +8°C. Refrigerators should have maximum and minimum temperatures recorded daily.</td>
<td></td>
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<tr>
<td>Store in original packaging in order to protect from light.</td>
<td></td>
<td></td>
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<tr>
<td>For both Menveo&lt;sup&gt;®&lt;/sup&gt; and Nimenrix&lt;sup&gt;®&lt;/sup&gt;. After reconstitution, the vaccine should be used promptly. Although delay is not recommended, stability has been demonstrated for 8 hours at 30°C after reconstitution. If not used within 8 hours, do not administer the vaccine.</td>
<td></td>
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</tr>
<tr>
<td>Individual Health Board guidance on the storage, handling and cold chain in relation to vaccines must be observed. Likewise, individual Health Board guidance in relation to waste management and the disposal of all spent, partially spent or unused vaccines must also be observed.</td>
<td></td>
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</tbody>
</table>

**Follow-up (if applicable)**

| Individuals should not leave if they are feeling unwell without speaking to the healthcare professional who administered the vaccine first. If necessary a doctor or the individuals GP should be contacted for advice. |
| Where proof of vaccination is required, a certificate, stamped vaccination booklet or equivalent must be supplied. |

**Advice (Verbal)**

| Advise individual/person with parental responsibility what to expect and what to do for minor and major reactions. |
| If serious adverse or persistent effects occur, the individual/person with parental responsibility should be advised to contact their GP/Accident and Emergency department/NHS24. |
| When administration is postponed advise the individual/person with parental responsibility when to return for vaccination. |
| If appropriate, advise the individual/person with parental responsibility when subsequent doses are due and if any follow up is required. |

**Advice (Written)**

| The PIL contained in the medicine(s) should be made available to the individual/person with parental responsibility. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand. |
| More information regarding this vaccine can be found at: [https://www.nhsinform.scot/healthy-living/immunisation](https://www.nhsinform.scot/healthy-living/immunisation). |
| Identifying and managing possible adverse reactions | Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery.  

The most commonly seen reactions are minor local injection site reactions such as hardening of the skin, oedema, pain and redness. A small painless nodule may form at the injection site.  

For Menveo® other very common or common reactions include: sleepiness, headache, loss of appetite, nausea, diarrhoea, vomiting, rash, myalgia and arthralgia.  

For Nimenrix® other very common or common reactions include: fever, fatigue, irritability, drowsiness, headache, diarrhoea, nausea, vomiting and loss of appetite  

As with all vaccines there is a very small possibility of anaphylaxis and facilities for its management must be available.  

This list is not exhaustive. Please also refer to current BNFC/BNF and manufacturers SmPC for details of all potential adverse reactions.  

BNFC/BNF:  
https://about.medicinescomplete.com/  
SmPC/PIL/Risk Minimisation Material:  
https://www.medicines.org.uk/emc/  
http://www.mhra.gov.uk/spc-pil/index.htm  
https://www.medicines.org.uk/emc/rmm-directory  

If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible.  

Report any severe reactions or reactions to any vaccines using the MHRA using the Yellow Card System  
https://yellowcard.mhra.gov.uk/ |
### Facilities and supplies required

The following are to be available at sites where the vaccine is to be administered:

- Pharmaceutical refrigerator (or a validated cool box for storing vaccine if mobile unit)
- An acceptable level of privacy to respect individual’s right to confidentiality and safety
- Resuscitation equipment
- Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection
- Access to a working telephone
- Another competent adult, who can summon urgent emergency support if required should ideally be present
- Access to medical support (this may be via the telephone)
- Approved equipment for the disposal of used materials
- Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel
- A copy of the this PGD in print or electronically

### Characteristics of staff authorised to administer vaccine under PGD

<table>
<thead>
<tr>
<th>Professional qualifications</th>
<th>Registered Nurses as recognised by the Nursing and Midwifery Council (NMC), and Pharmacists whose name is currently on the register held by the General Pharmaceutical Council (GPhC).</th>
</tr>
</thead>
</table>
| Specialist competencies    | Approved by the organisation as:  
- Competent to assess the individual’s/person with parental responsibilities capacity to understand the nature and purpose of vaccination in order to give or refuse consent  
- Competent to undertake administration of the vaccine and discuss issues related to vaccination  
- Competent in the handling and storage of vaccines, and management of the “cold chain”  
- Competent to work under this PGD. |
| Ongoing training and competency | All professionals working under this PGD must:  
- Have undertaken PGD training as required/set out by each individual Health Board  
- Have undertaken immunisation training where available  
- Have attended basic life support training which is required to be updated annually  
- Have undertaken NHS e-anaphylaxis training or equivalent (including annual updates) which covers all aspects of the identification and management of anaphylaxis  
- Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct |

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**Patient Group Direction For Use Within NHS Grampian, Orkney and Shetland**

**UNCONTROLLED WHEN PRINTED**

Review Date: October 2020  
Identifier: NoS/PGD/MenACWY/MGPG989  
PGD For The Administration Of Meningococcal ACWY Conjugate Vaccine Version 1.1  
Template Version NoS vac v3.2
Patient Group Direction For Use Within NHS Grampian, Orkney and Shetland

- Have knowledge and familiarity of the following;
  - Current edition of the Green Book
  - SmPC for the vaccine to be administered in accordance with this PGD
  - Relevant policy relating to vaccine storage and immunisation procedures for use within their Health Board
  - Relevant Scottish Government Health Directorate advice including the relevant CMO letter(s).

Responsibilities of professional manager(s)

Professional manager(s) will be responsible for;

Ensuring that the current PGD is available to all staff providing care under this direction.

Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above.

Maintain up to date record of all staff authorised to administer the vaccine specified in this direction.

Documentation

Authorisation of administration

Nurses working within NHS Grampian, Orkney and Shetland, can be authorised to administer the vaccine specified in this PGD by their Professional Line Manager/Consultant/Practice GP.

Pharmacists working within NHS Grampian only can be authorised to administer the vaccine specified in this PGD for travel by their Director of Pharmacy.

All authorised staff are required to read the PGD and sign the Agreement to Administer Medicines Under PGD (Appendix 1).

A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional’s records, or as agreed within the individual Health Board.

Record of administration

An electronic or paper record for recording the screening of individuals and the subsequent administration or not of the vaccine specified in this PGD must be completed in order to allow audit of practice. This should include as a minimum:

- Date and time of vaccine administration
- Individuals name and CHI
- Exclusion criteria, record why the vaccine was not administered (if applicable)
- Record that valid consent to treatment under this PGD was obtained
- The name, brand, dose, form, batch number, expiry date, route/site of the vaccination administered
- Advice given, including advice given if excluded or declined treatment under this PGD
- Signature and name in capital letters of the healthcare professional who administered the vaccine
- Where childhood immunisations are given information of the administration must be provided to the GP Practice and Practitioner Services Division (PSD) for inclusion on the Scottish Immunisation Recall System (SIRS).
- Record of any adverse effects (advise individuals GP/relevant medical practitioner).

Depending on the clinical setting where administration is undertaken, the information should be recorded manually or electronically on the individual service specific system, as appropriate.
- Consent forms
- Child Health Information Services if appropriate
- Hand–held records such as red book if appropriate
- Individual’s GP records if appropriate
- Individual service specific systems.

**Audit**

All records of the vaccine specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service where the PGD will be used will be responsible for annual audit to ensure a system of recording medicines administered under a PGD.

**References**

Electronic Medicines Compendium  
http://www.medicines.org.uk

Menveo®: – Date of revision of text 31/01/19, accessed 07/02/19.

Nimenrix® – Date of revision of text 28/01/19, accessed 07/02/19.


Department of Health (2006): Immunisation against Infectious Disease [Green Book] Chapter 7 and Chapter 22
Appendix 1

Healthcare Professional Agreement to Administer Vaccine Under Patient Group Direction

I: ___________________________ (Insert name)

Working within: ___________________________ e.g. Area, Practice

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

Patient Group Direction For The Administration Of Meningococcal ACWY Conjugate Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Orkney and Shetland

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.

Signed: ___________________________

Print Name: ___________________________

Date: ___________________________

Profession: ___________________________

Professional Registration number/PIN ___________________________
Appendix 2

Healthcare Professionals Authorisation to Administer Vaccine Under Patient Group Direction

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Patient Group Direction For The Administration Of Meningococcal ACWY Conjugate Vaccine By Approved Healthcare Professionals Working Within NHS Grampian, Orkney and Shetland**

Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

<table>
<thead>
<tr>
<th>Name of Healthcare Professional</th>
<th>Signature</th>
<th>Date</th>
<th>Name of Manager</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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</table>
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<table>
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<tr>
<th>Name of Healthcare Professional</th>
<th>Signature</th>
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