****

# Appendix 2 - Healthcare Professionals Authorisation to Administer Medicine(s) 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 medicine(s) under this PGD is responsible for ensuring that they are 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 medicine(s) under this PGD is responsible for ensuring that they understand and are 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 their individual code of professional practice and conduct. | | | | | | | | | |
| **Patient Group Direction for the Administration of Inactivated Influenza Vaccine 2024/25 Season by Approved Healthcare Professionals**  **Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside**  **and Western Isles, Version 1.0** | | | | | | | | | |
| **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 Inactivated Influenza Vaccine 2024/25 Season by Approved Healthcare Professionals**  **Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside**  **and Western Isles, Version 1.0** | | | | | | | | | |
| **Name of Healthcare Professional** | **Signature** | | **Date** | | **Name of Manager** | | **Signature** | | **Date** |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |