

# ANNEX A: HCSW Authorisation Sheet

**Protocol For The Administration Of Live Attenuated Intranasal Influenza Vaccine (LAIV) 2024/25 season By Suitably Trained Non-Registered Staff Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles**

**Version 4.0 (Valid from1st September 2024)**

**Practitioner**

By signing this Protocol you are indicating that you agree to its contents and that you will work within it.

Suitably trained non-registered staff are accountable for their practice during vaccine administration.

It is the responsibility of each suitably trained non-registered member of staff to practise only within the bounds of their own competence.

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| I confirm that I have read and understood the content of this Protocol and that I am willing and competent to work to it. | | | |
| Name | Designation | Signature | Date |
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**Person authorising on behalf of Provider**

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| I confirm that the non-registered staff named above have declared themselves suitably trained and competent to work under this Protocol. I give authorisation on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**insert name of organisation)**  for the above named health care professionals who have signed the Protocol to work under it. | | | |
| Name | Designation | Signature | Date |
|  |  |  |  |

**Note to person authorising on behalf of Provider**

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this Protocol.