

# PATIENT GROUP DIRECTION

## For Administration of Seasonal Influenza Vaccine 2011-12 v.2

**Issue Date:** 29<sup>th</sup> September 2011

**PGD expiry date:** 31<sup>st</sup> August 2012 (or earlier in the light of national changes)

Please check with the clinical lead, medicines management team or PCT website:  
[www.cambridgeshire.nhs.uk](http://www.cambridgeshire.nhs.uk) for the most recent version of the PGD before proceeding.

### Names and signatures of the multidisciplinary group which drew up this PGD

NAME	DESIGNATION/TITLE	SIGNATURE	DATE
Dr Lincoln Sargeant	Consultant in Public Health	Signed on	28.09.2011
Janet Watkinson	Public Health Pharmacist	Signed on	29.09.2011
Penny Miller	Immunisation Coordinator	Signed on	
June Grainger	Practice Nurse	Signed on	29.09.2011

### Signatures for Ratification

NAME	DESIGNATION/TITLE	SIGNATURE	DATE
Sue Ashwell	Chief Pharmacist	Signed on	28.09.2011
Dr Christine MacLeod	Medical Director	Signed on	28.09.2011

### Authorisation of Employer (if not employed by NHS Cambridgeshire)

NAME	DESIGNATION/TITLE	SIGNATURE	DATE

Each registered practitioner authorised to supply and/or administer medication under this PGD must have read, understood and signed this version of the PGD and completed the agreement to practice form before attempting to work according to it

## Document Control Sheet

<b>Rationale</b>	A Patient Group Direction (PGD) is a specific, written instruction for the supply or administration of a named medicine in an identified clinical situation to patients who may not be individually identified before presentation for treatment.
<b>Documents replaced or superseded by this PGD.</b>	The following Patient Group Directions should no longer be used. Any signed-up copies should be archived: Cambridgeshire PCT and Cambridgeshire Community Services PGD for Administration of Seasonal Influenza Vaccine 2010-11, Expiry date: September 2011 Patient Group Direction Seasonal Flu Vaccine 2011to2012 issued 15 <sup>th</sup> September 2011
<b>Development &amp; Consultation:</b>	Developed by the multidisciplinary team listed above.
<b>Dissemination</b>	All General Practice Surgeries via Practice Managers for the attention of Practice Nurses. NHS Cambridgeshire website: <a href="http://www.cambridgeshire.nhs.uk">www.cambridgeshire.nhs.uk</a>
<b>Accessibility</b>	NHS Cambridgeshire website: <a href="http://www.cambridgeshire.nhs.uk">www.cambridgeshire.nhs.uk</a>
<b>Implementation</b>	Practice and other Nurses responsible for vaccinating people in the included groups Each registered practitioner authorised to supply and/or administer medication under this PGD must have read, understood and signed it and completed the Agreement to Practice form before attempting to work according to it. The current Immunisation Against Infectious Diseases, 'The Green Book', must be checked before each vaccination clinic to ensure the information in this PGD is correct, this is available online at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917</a> , any discrepancies must be reported to the Medicines Management Nurse Specialist.
<b>Training</b>	See PGD
<b>Audit</b>	See PGD
<b>Review</b>	Clinical lead responsible for ensuring review: Public Health Pharmacist Review should be initiated 3 months before the expiry date unless a review is required in response to a change to the medicine(s) covered by this PGD
<b>Equality and Diversity</b>	NHS Cambridgeshire has carried out a Rapid Equality & Diversity Impact Assessment and concluded the document is compliant with the PCT Equality and Diversity Policy.

## Standards for Better Health

(PGDs will continue to be measured against DH Standards for Better Health until the alternative set of standards based on the Care Quality Commission registration requirements has been evaluated)

Domain	How?
<b>Safety</b>	PGD documentation provides consistent approach to patient care This document sets out the information specified in law as that required for a Patient Group Direction.
<b>Clinical &amp; Cost Effectiveness</b>	PGDs are evidence based. They allow the patient to be treated by the most appropriate health professional at the first point of contact.
<b>Governance</b>	PGD ensures standardisation of care. PGDs are a legal requirement for healthcare professionals (who are not independent prescribers) to be able to administer or supply medicines without a prescription. Practitioners working under the PGD must sign up to it and keep the specified records, thus providing an audit trail and accountability.
<b>Patient Focus</b>	Healthcare professionals respond to patients' needs in an appropriate and timely manner. It is specified that all aspects of the patients treatment, including any medicines supplied or administered are discussed with the parent/ guardian Every patient is treated as an individual
<b>Accessible and Responsive Care</b>	Healthcare professionals respond to patients' needs in an appropriate and timely manner. The documentation allows specified healthcare professionals to supply or administer medicines without a prescription.
<b>Care Environment &amp; Amenities</b>	None
<b>Public Health</b>	Seasonal Influenza vaccination is part of the government's public health strategy. Health promotion is an integral part of the consultation

<b>1. Staff Authorised to administer the medicine under the Patient Group Direction (PGD).</b>	
<b>1.1 Professional qualification</b>	Registered Nurse (must have current registration with NMC)
<b>1.2 Specialist qualifications, training, experience and competence that must be achieved relevant to the clinical conditions and medicines used.</b>	<p>Training and competence in all aspects of immunisations including contraindications.</p> <p>In addition all authorised staff must demonstrate an appropriate level of understanding and knowledge with regards to:</p> <ul style="list-style-type: none"> <li>• Assessment of patient</li> <li>• The medication, therapeutic use, side-effects, interactions and storage and handling requirements</li> <li>• Have undertaken basic life support and anaphylaxis training and receive annual updates</li> <li>• Be familiar with the relevant NHSC and practice medicines policies</li> </ul>
<b>1.3 Continuing Professional Development Requirements (CPD)</b>	<ul style="list-style-type: none"> <li>• Be able to demonstrate annual Immunisation Training Updates have been undertaken.</li> <li>• All registered professionals are professionally accountable and must work within their competence.</li> <li>• A record of training and competence must be maintained in the individual's personal file.</li> <li>• The agreement to practice form for this PGD is kept in the individual's personal file and a copy retained by the clinical lead.</li> <li>• The practitioner must be aware of any changes to the recommendations for the medicine(s) listed and changes to national guidance.</li> <li>• It is the responsibility of the individual to maintain and improve their professional knowledge and skills in this area of practice.</li> <li>• Continued updating of relevant knowledge from current web-based version of Immunisation against Infectious Disease (Green Book), this is available online at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917</a></li> </ul>
<b>1.4 Documents to be read in conjunction with this PGD</b>	<ul style="list-style-type: none"> <li>• NHS Cambridgeshire Patient Group Direction Policy</li> <li>• NHS Cambridgeshire/ Employing Practice's Anaphylaxis Policy</li> <li>• NHS Cambridgeshire/ Employing Practice's Cold Chain Policy</li> <li>• Relevant Practice Policies</li> <li>• Practitioners must check the current Department of Health 2006: Immunisation against Infectious Disease (the 'Green Book') latest update of the influenza chapter before each vaccination clinic to ensure the information in this PGD is correct</li> <li>• The Influenza programme 2011/12: Letter From the Interim Chief Medical Officer, the Chief Nursing Officer and the Chief Pharmaceutical Officer (25<sup>th</sup> May 2011), access at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_127048">http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_127048</a></li> <li>• Emergency treatment of anaphylactic reactions – Guidelines for Healthcare Providers – Resuscitation Council (UK) available online at: <a href="http://www.resus.org.uk/pages/reaction.pdf">http://www.resus.org.uk/pages/reaction.pdf</a> with the following algorithm: <a href="http://www.resus.org.uk/pages/anaalgo.pdf">http://www.resus.org.uk/pages/anaalgo.pdf</a></li> <li>• Current SPCs, access at: <a href="http://www.medicines.org">http://www.medicines.org</a></li> <li>• Current BNF, access at: <a href="http://www.bnf.org">www.bnf.org</a></li> </ul>

<b>2. Clinical condition or situation to which this Patient Group Direction applies</b>	
<b>2.1 Clinical condition/situation</b>	Prophylactic Seasonal Influenza Immunisation in accordance with the current national influenza immunisation programme
<b>2.2 Inclusion criteria</b>	<ul style="list-style-type: none"> <li>• All those aged 65 years and over</li> <li>• All pregnant women</li> <li>• All those aged 6 months and over in the clinical risk groups listed below: <ul style="list-style-type: none"> <li>○ Chronic respiratory disease including asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</li> <li>○ Chronic heart disease</li> <li>○ Chronic renal disease</li> <li>○ Chronic liver disease</li> <li>○ Chronic neurological disease, e.g. stroke, TIA</li> <li>○ Diabetes types 1 and 2, including diet controlled diabetes</li> <li>○ Immunosuppression due to disease (including HIV infection, regardless of immune status) or treatment, including asplenia or splenic dysfunction</li> <li>○ Individuals treated with, or likely to be treated with, systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day</li> <li>○ Consideration should also be given to the vaccination of household contacts of immunocompromised individuals</li> </ul> </li> </ul> <p>Also <u>consider on an individual basis</u>, patients with:</p> <ul style="list-style-type: none"> <li>○ Multiple Sclerosis and related conditions</li> <li>○ Hereditary and degenerative disease of the Central Nervous System.</li> <li>○ Those living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality (this does not include prisons, young offender institutions, university halls of residence etc)</li> <li>○ Those who are in receipt of a carer's allowance, or those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill. This should be given on an individual basis at the GP's discretion in the context of other clinical risk groups in their practice.</li> <li>○ Frontline Health and Social Care workers</li> </ul> <p>Responsibility for immunisation of staff for occupational reasons rests with employers. Vaccine for staff should not be used at the expense of vaccine for the at-risk groups. The final decision as to who should be offered the influenza vaccine lies with the patient's GP.</p>
<b>2.3 Exclusion criteria</b>	<ul style="list-style-type: none"> <li>• Current acute severe febrile illness. Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. This is to avoid confusing the differential diagnosis of any acute illness by wrongly attributing any signs or symptoms to the adverse effects of the vaccine.</li> <li>• A confirmed anaphylactic reaction to a previous dose of influenza vaccine</li> <li>• A confirmed anaphylactic reaction to any component of the vaccine: different brands may contain traces of neomycin, gentamicin, kanamycin and other excipients – nurses must check the brand being used at: <a href="http://www.medicines.org.uk/">http://www.medicines.org.uk/</a> or the package insert</li> <li>• A confirmed anaphylactic hypersensitivity to egg products or chicken protein</li> </ul>

	<ul style="list-style-type: none"> <li>Confirmed anaphylaxis is rare. Other allergic conditions such as rashes may occur more commonly and are not contraindications to further immunisation. A careful history of the event will often distinguish between true anaphylaxis and other events that are either not due to the vaccine or are not life threatening. In the latter circumstance, it may be possible to continue the immunisation course.</li> <li>Use of Viroflu®, Enzira® or CSL Biotherapies generic influenza vaccine marketed by Pfizer in children under 5 years of age (increased risk of febrile convulsions), see:  <a href="https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=101442">https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=101442</a>  <a href="https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=101663">https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=101663</a>  <a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_130256.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_130256.pdf</a> (Green Book, Chapter 19, updated 28<sup>th</sup> September 2011)</li> </ul>
<b>2.4 Actions to be taken regarding care of excluded patients</b>	<ul style="list-style-type: none"> <li>Reschedule or refer to General Practitioner as clinically indicated</li> <li>Advice regarding transmission of influenza</li> <li>Discuss with patient and document the reasons for exclusion from treatment under the PGD</li> <li>Specialist advice must be sought on the vaccines and circumstances under which they could be given. The risk to the individual of not being immunised must be taken into account</li> <li>Children over 6 months and under 5 years in a clinical risk group to receive seasonal influenza vaccine should be vaccinated with alternative vaccines to the Viroflu®, Enzira® or CSL Biotherapies generic influenza vaccine marketed by Pfizer, see:  <a href="https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=101442">https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=101442</a>  <a href="https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=101663">https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=101663</a></li> </ul>
<b>2.5 Consent</b>	<ul style="list-style-type: none"> <li>The proposed treatment including the risks, benefits and side effects must be explained to the patient and verbal consent obtained and recorded in the notes.</li> </ul>
<b>2.6 Actions for patients who do not wish to receive care under this PGD</b>	<ul style="list-style-type: none"> <li>Advise about protective effects of the vaccine and the risks of infection and disease complications.</li> <li>Document advice given.</li> <li>Document refusal in notes.</li> <li>Seek medical advice if necessary</li> </ul>
<b>2.7 Reasons for referral or for seeking medical advice</b>	<ul style="list-style-type: none"> <li>Exclusions or patient preference as above</li> <li>If there are any concerns or cautions/interactions relating to the medicine to be given, practitioners should seek medical advice or refer/transfer to the appropriate prescriber/ service if necessary</li> </ul>
<b>3. Medicine to be administered under this Patient Group Direction</b>	
<b>3.1 Name, strength and form of medicine(s)</b>	Influenza Vaccine based on strains of influenza virus recommended by the WHO for the 2011/12 season (northern hemisphere). Further details can be found on the WHO website: <a href="http://www.who.int/influenza/vaccines/virus/recommendations_2011_2012_north/e">http://www.who.int/influenza/vaccines/virus/recommendations_2011_2012_north/e</a>

	<p><a href="#">n/</a> See Green Book, access at <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917</a> - see chapter 19 and updates for influenza vaccine 2011. Page 197 – ovalbumin content of vaccines. See current SPCs for individual vaccines for 2011 season, access at: <a href="http://www.medicines.org.uk/">http://www.medicines.org.uk/</a></p>
<b>3.2 Legal Status</b>	POM
<b>3.3 ▼ Black triangle</b>	Check individual SPCs at: <a href="http://www.medicines.org.uk/">http://www.medicines.org.uk/</a>
<b>3.4 PGD covering use outside terms of Summary of Product Characteristics (SPC)?</b>	Check individual SPCs at: <a href="http://www.medicines.org.uk/">http://www.medicines.org.uk/</a>
<b>3.5 Route /Method of administration</b>	<p><b>Intramuscular Injection</b> Preferred site: Deltoid muscle or anterolateral thigh The deep subcutaneous route may be used for patients with bleeding disorders to reduce the risk of bleeding.</p>
<b>3.6 Dose</b>	<p><b>Adults and children aged 13 years and over:</b> A single injection of 0.5ml</p> <p><b>Children aged 3 to 12 years:</b> 0.5ml, repeated after 4 to 6 weeks if receiving influenza vaccine for the first time.</p> <p><b>Children aged 6 to 35 months:</b> 0.25ml or 0.5ml (depending on manufacturer's Summary of Product Characteristics – SPC), repeated 4 to 6 weeks later if receiving influenza vaccine for the first time.</p>
<b>3.7 Frequency</b>	<p><b>Adults and children over 13 years:</b> single dose once a year, according to national influenza immunisation programme</p> <p><b>Children 12 years and under:</b> Second dose after at least 4 weeks if not previously vaccinated, and annually thereafter.</p>
<b>3.8 Cautions</b>	<p>Immunocompromised patients may have a suboptimal immunological response to the vaccine. Under no circumstances should the vaccine be given intravascularly. Children and pregnant women should preferably receive a thiomersal-free influenza vaccine. However, the benefits of vaccination outweigh the risks, if any, of exposure to thiomersal-containing vaccines if no others are available. See individual SPCs.</p>
<b>3.9 Interactions with other medicines See also any interactions listed as exclusions</b>	<p>Some patients on <b>warfarin, theophylline or phenytoin</b> may occasionally experience an enhancement of their effects with influenza vaccine See current SPC or BNF Appendix 1</p>
<b>3.10 Potential adverse reactions/ side effects</b>	<p>Common side effects: <b>Local</b> – redness, swelling, pain <b>Systemic</b> - fever, malaise, shivering, fatigue, headache, myalgia, arthralgia <i>These effects generally disappear within 1-2 days without treatment</i></p>

	Rarely: anaphylaxis
<b>3.11 Instructions on identifying and managing Adverse Drug Reactions</b>	<ul style="list-style-type: none"> <li>• Advise patient on management of the adverse effect</li> <li>• Report any suspected ADR to a medical practitioner as soon as possible if clinically relevant</li> <li>• Use the Yellow Card System to report adverse drug reactions directly to the Committee on Safety of Medicines (MHRA). Guidance on the use of the Yellow Card System and Yellow Cards are available in the current BNF</li> </ul>
<b>3.12 Advice to parent/ guardian/ client</b>	<ul style="list-style-type: none"> <li>• Inform of possible side effects and their management. Give advice on body temperature control</li> <li>• Individuals must be given enough information to enable them to make a decision before they consent to treatment under this PGD.</li> <li>• Provide the manufacturer's Patient Information Leaflet if possible and national information leaflets. Explain treatment and any further instructions to aid compliance/ concordance</li> <li>• Advise parent/ guardian to seek medical advice in case of severe or unexpected adverse effects</li> </ul>
<b>3.13 Follow up</b>	To inform patient's GP and keep a record of that action
<b>3.14 Storage and Handling</b>	+2°C to +8°C in a refrigerator Do not freeze Discard if frozen Protect from light For detailed guidance about cold chain maintenance refer to the 'Green Book' or the NHSC or practice cold chain policy
<b>3.15 Advice on concurrent medication</b>	Seasonal Influenza vaccine can be given at the same time as other vaccines. The vaccines should be given at a separate site, preferably in a different limb. If given in the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records.

Please note:

Listed above are the interactions with commonly used medicines and the main side effects. If the patient/client is taking a medicine not listed above or reports other possible side effects refer to the current BNF, Patient Information Leaflet or electronic medicines compendium <http://www.medicines.org> or seek advice from the Health Protection Agency, the product manufacturer or local medicines information department.

<b>4. Facilities and supplies that must be available</b>	
<b>4.1 Medicine to be stocked</b>	Medicine to be stocked Influenza Vaccine based on strains of influenza virus recommended by the WHO for the 2011/12 season (northern hemisphere)
<b>4.2 Storage</b>	<ul style="list-style-type: none"> <li>• Lockable refrigerator maintained at +2 to +8°C</li> <li>• Maintain cold chain as described in the 'Green Book' and NHSC or local vaccine storage policy</li> </ul>
<b>4.3 Reporting incidents</b>	<ul style="list-style-type: none"> <li>• Incidents and near misses must be reported using the NHS Cambridgeshire Incident Reporting form (DATIX) as soon as possible AND/OR</li> <li>• Via employer's critical incident reporting system.</li> </ul>
<b>4.4 Other requirements</b>	<ul style="list-style-type: none"> <li>• Anaphylaxis policy</li> <li>• Immediate access to adrenaline 1:1000 (1mg/1ml) injection</li> <li>• Current BNF available at <a href="http://www.bnf.org">www.bnf.org</a></li> <li>• National guidance – The Green Book, Immunisation Against Infectious Disease: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPol">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPol</a></li> </ul>

	<p><a href="#">icyAndGuidance/DH_079917</a></p> <ul style="list-style-type: none"> <li>• Supplies of relevant Patient Information Leaflets</li> <li>• Syringes – latex free</li> <li>• Needles</li> </ul>
<b>5. Records to be kept for audit purposes</b>	
<b>5.1 Patient details</b>	<ul style="list-style-type: none"> <li>• Patient identifiers</li> <li>• Allergies</li> <li>• Any reason for exclusion and action taken</li> <li>• Document parent/ guardian consent or refusal</li> <li>• Advice sought from medical/specialist service</li> <li>• Details of any adverse reactions experienced by the patient and action taken</li> <li>• Verbal and written advice given to parent/ guardian</li> <li>• Follow up and referral details</li> </ul>
<b>5.2 Records of administration</b>	<ul style="list-style-type: none"> <li>• Name of medicine.</li> <li>• Administration, date, time, route (including site of injection) and dose administered</li> <li>• Full name, signature and registration of practitioner administering dose, or record in patient's notes on clinical system</li> <li>• Batch number</li> <li>• Expiry date</li> </ul>
<b>5.3 Audit</b>	<ul style="list-style-type: none"> <li>• Annual audit must be carried out by the clinical lead</li> <li>• Records of patients who have received treatment under the PGD must be accessible for audit purposes</li> <li>• Regulations require that there is a secure system for recording and monitoring medicines use from which it should be possible to reconcile incoming stock and out-goings on a patient-by-patient basis.</li> </ul> <p>Audit may include evidence of authorised practitioners signatures, appropriate supply, standards of documentation, follow up arrangements, advice and information given to parent/ guardians, reporting of adverse effects and incidents.</p>
<b>6. References</b>	
<p>Summary of Product Characteristics, access at: <a href="http://www.medicines.org">http://www.medicines.org</a>  Department of Health (2011) The seasonal flu immunisation programme 2011/12 : Letter from the Chief Medical Officer, access at <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_127048">http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_127048</a>  Department of Health (2006) Immunisation against Infectious Disease, access at <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917</a> and refer to Chapter 19, Influenza and relevant updates for 2011  Health Protection Agency (2005) National Minimum Standards for Immunisation Training  Martin J Ed. British National Formulary No 61 March (2011) BMA and RPSGB Pharmaceutical Press at: <a href="http://bnf.org/bnf/bnf/current/">http://bnf.org/bnf/bnf/current/</a>  HSC 2000/026, 9<sup>th</sup> August 2000 Patient Group Directions (England)</p>	



# AGREEMENT BY HEALTH PROFESSIONAL TO ACT UNDER THE PATIENT GROUP DIRECTION

I have read and fully understand the following documents:

The Patient Group Direction: For Administration of Seasonal Influenza Vaccine 2011-12

Dated: ..... Expiry date: .....

Current BNF and SPC monographs for all drugs included in this PGD  
The NHS Cambridgeshire Patient Group Direction Policy

**I agree to act within the terms of the Patient Group Direction and administer and/or supply medicines in accordance with the documents listed above.**

**I understand that my employer e.g. GP practice or NHS Cambridgeshire is vicariously liable for acts and omissions by me during my employment with them.**

**I understand that failure to comply with the terms and conditions of the PGD, including the expiry date and limitations on practitioners, patients, drugs and indications may render me liable to disciplinary action by my employer e.g. GP practice or NHS Cambridgeshire under their performance and conduct arrangements.**

**NAME:** *(block capitals)* ..... (Health Professional)

**SIGNATURE:** ..... (Health Professional)

**POSITION:** .....

**EMPLOYER:** .....

**SITE/ PRACTICE:** .....

**DATE SIGNED:** .....

The original must be filed in the health professional's personal file and a copy held by their manager or employer for the purposes of ensuring practice occurs only in accordance with the PGD and is only undertaken by approved practitioners.