# PATIENT GROUP DIRECTION

NHS England Midlands and East (Central Midlands)

Patient Group Direction for the administration of

Seasonal (inactivated) influenza vaccine

<table>
<thead>
<tr>
<th>NHS England document reference</th>
<th>SIPGD006</th>
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<tbody>
<tr>
<td>Version number</td>
<td>v1.0</td>
</tr>
<tr>
<td>Group responsible for document</td>
<td>NHS England PGD Group</td>
</tr>
<tr>
<td>Date of authorisation</td>
<td>8th September 2015</td>
</tr>
<tr>
<td>Expiry date</td>
<td>31st August 2016</td>
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</tbody>
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File reference

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<table>
<thead>
<tr>
<th>Version no.</th>
<th>Amendment date</th>
<th>Brief description</th>
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Introduction and supporting information

Legal and professional framework

Health care professionals must be aware of their legal position when administering a vaccine that has not been individually prescribed by a doctor or other independent prescriber.

Patient Group Directions (PGDs) are the legal mechanism by which a prescription only medicine (POM) can be supplied or administered to a patient for whom no individual prescription exists. All vaccines are in the legal category of POMs.

PGDs were introduced via legislation enacted in 2000; the current legislation for PGDs is included in The Human Medicines Regulations 2012\(^1\), \(^2\).

PGDs are written agreements for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. They can be used for homogenous patient groups where presenting characteristics and requirements are sufficiently consistent to be catered for by such a non-specific direction, although patients who can be identified before they need a specific medicine may receive that medicine on a patient specific basis (via a prescription or Patient Specific Direction (PSD)).

The need for the following PGD to be developed has been established according to the protocol recommended by NICE\(^1\). It enables identified health care professionals to administer the stated vaccines in accordance with national guidelines\(^3\) however:

**PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.**

Further information about this is provided in the final section of this document, Health care professional and employer authorisation.

The criteria under which individuals will be eligible for inclusion in this PGD are defined in the *Green Book*\(^3\).

Healthcare professionals are reminded that, in some circumstances, the recommendations regarding vaccines given in the *Green Book* may differ from those in the Summary of Product Characteristics (SPC) for a particular vaccine. When this occurs the recommendations in the *Green Book*, which are based on current expert advice from the Joint Committee on Vaccination and Immunisation (JCVI), should always be followed.

To support the information contained within this PGD, staff are recommended to consult additional sources of information where appropriate.
Cold chain

Vaccines stored above the temperature range detailed in the SPC often remain both safe and effective, although subject to a reduced shelf-life. Close monitoring of the cold chain will ensure that the necessary information is available to make an assessment about vaccine safety and effectiveness in the event of a cold chain breach. However once a breach of the cold chain has occurred vaccines that remain suitable for use cannot be supplied or administered under a PGD, and another form of authorisation will be required. Vaccines that have been frozen must never be used.

Further information about the vaccines to which this document refers, including advice about specific vaccine use following a cold chain breach, is available from local Medicines Information Services:

Leicester Royal Infirmary, telephone 0116 258 6491 or 0116 204 7918, e-mail medicines.info@uhl-tr.nhs.uk

Lincoln County Hospital, telephone 01522 573802, e-mail medicines.information@ulh.nhs.uk

Outside Leicestershire and Lincolnshire please contact your local Medicines Information Centre.

PGD development

This PGD has been developed by the local NHS England PGD Group. In line with current NICE guidance¹, this group includes a lead doctor and pharmacist. Other professionals who have been directly involved in the development of this PGD are:

Chloe Leggat, Screening and immunisation co-ordinator, NHS England Midlands and East (Central Midlands: Leicestershire & Lincolnshire)

Lesley McFarlane, Screening and immunisation co-ordinator, NHS England Midlands and East (Central Midlands: Leicestershire & Lincolnshire)

Anna Crane, Practice Nurse, Downing Drive Surgery Leicester & Practice Nurse Advisor for Leicester City CCG
### Clinical authorisation

<table>
<thead>
<tr>
<th>Authorising doctor</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Tim Davies, Consultant lead for screening and immunisation, NHS England Midlands and East (Central Midlands: Leicestershire &amp; Lincolnshire)</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date: 8th September 2015</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorising pharmacist</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amit Dawda, Medicines Governance Pharmacist, NHS England Midlands &amp; East (Central Midlands)</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date: 8th September 2015</td>
<td></td>
</tr>
</tbody>
</table>

### Organisational authorisation

<table>
<thead>
<tr>
<th>On behalf of NHS England Midlands and East (Central Midlands)</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Aly Rashid, Medical Director</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date: 8th September 2015</td>
<td></td>
</tr>
</tbody>
</table>
# 1. Clinical condition

<table>
<thead>
<tr>
<th>Clinical condition or situation to which this PGD applies</th>
<th>Active immunisation against influenza infection. Given annually to eligible individuals as part of the national seasonal influenza immunisation programme. NB: Fluenz Tetra® ▼ is the vaccine of choice for eligible children aged 2 – less than 18 years of age. The separate Fluenz Tetra® ▼ PGD lists the circumstances in which an inactivated vaccine should be offered as an alternative.</th>
</tr>
</thead>
</table>

| Criteria for inclusion | All adults aged 65 years and older. This includes individuals who will be aged 65 by 31 March 2016 (i.e. born on or before 31 March 1951).  
All those aged 6 months and over with a serious medical condition that places them in a clinical risk group (including those who attain the age of 6 months, or who are diagnosed with a serious medical condition during the flu season):  
  - chronic heart disease  
  - chronic renal disease, which includes CKD 3,4, or 5  
  - chronic liver disease  
  - chronic neurological disease, which includes learning disability  
  - diabetes mellitus  
  - chronic respiratory disease, which includes asthma that requires continuous or repeated use of inhaled or systemic steroids, or with previous exacerbations requiring hospital admission, but not stable asthma classified as SIGN/Step 1 (i.e. asthma that is managed only by a short-acting β2 agonist as needed)  
  - patients with immunosuppression due to disease or treatment  
  - patients with asplenia or dysfunction of the spleen, which includes conditions such as homozygous sickle cell disease and coeliac |
Criteria for inclusion (continued)

Further details can be found in chapter 19 of the *Green Book*, and in the annual seasonal flu letter\(^\text{16}\).

- Pregnant women at any stage of pregnancy (first, second or third trimesters). This includes women who become pregnant during the flu season.

- Patients who are morbidly obese (class III obesity), that is adults with a body mass index ≥ 40 kg/m\(^2\). Many patients in this group will already be eligible due to complications of obesity that place them in another risk category. See **Special considerations / additional information**.

- Residents in long-stay residential 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, for instance, prisons, young offender institutions or university halls of residence.

- Those in receipt of a carer’s allowance or who are the main carer of an elderly or disabled person whose welfare may suffer if the carer falls ill.

- Household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable.

The patient’s medical practitioner may apply clinical judgement, and decide to vaccinate individuals not included in the above categories, taking into consideration the risk of influenza exacerbating any underlying disease as well as the risk of serious illness from influenza itself. Another form of authorisation will be required in such cases.
### Criteria for exclusion

Exclusion under this patient group direction does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required.

- None of the inactivated influenza vaccines should be given to individuals who have had a confirmed anaphylactic reaction to:
  - a previous dose of the vaccine
  - a previous dose of any vaccine that contains influenza antigen
  - any component of the vaccine, except ovalbumin (but follow the guidance below and on the next page for Children with egg allergy and Adults with egg allergy). Refer to the SPCs for a full list of components for each vaccine.

- Children who are:
  - eligible for, but medically contraindicated to Fluenz Tetra®▼, or who are eligible for but refuse Fluenz Tetra®▼ on the grounds of its composition (e.g. porcine gelatin)
  - and who are not in one of the clinical risk groups identified above.

  Inactivated flu vaccines should only be offered as an alternative to Fluenz Tetra®▼ to children in a clinical risk group.

- Fever or acute severe systemic illness

### Children with egg allergy

- Children with a history of severe anaphylaxis to egg which has previously required intensive care are excluded from this PGD. They should be referred to a specialist for immunisation in hospital.

Other children with egg allergy may receive, in any setting, a vaccine with very low ovalbumin content (<0.12µg/mL equivalent to <0.06µg/mL for a 0.5mL dose). The only suitable vaccines are: Fluarix®▼ Tetra for children aged 3 years and over, and Inactivated Influenza Vaccine (Split Virion) BP (Sanofi Pasteur MSD) for children aged 6 months and over. *These children should not be given any of the other vaccines covered by this PGD.*
<table>
<thead>
<tr>
<th>Criteria for exclusion (continued)</th>
<th>Adults (i.e. aged 18 years or older) with egg allergy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Egg allergy is rare in adults. Those with a history of severe anaphylaxis to egg which has previously required intensive care should either receive the ovalbumin-free vaccine, Optaflu® (in any setting), or be referred to specialist for immunisation in hospital.</td>
</tr>
</tbody>
</table>

Other adults with egg allergy may receive, in any setting, a vaccine with a very low ovalbumin content (<0.12μg/mL equivalent to <0.06μg/mL for a 0.5mL dose). The only suitable vaccines are: Fluarix® ▼ Tetra and Inactivated Influenza Vaccine (Split Virion) BP (Sanofi Pasteur MSD). *These patients should not be given any of the other vaccines covered by this PGD.*

<table>
<thead>
<tr>
<th>Age-specific exclusions to individual vaccines as follows</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Children under 5 years of age must not be given Enzira® vaccine or bioCSL (generic) Inactivated Influenza Vaccine produced by Pfizer Vaccines, due to the high rate of febrile convulsions associated with these products when given to children under five years of age in other countries. For children aged 5 - 9 see Special considerations / additional information.</td>
</tr>
<tr>
<td>• Fluarix® Tetra ▼ must only be used in patients aged 3 years and over.</td>
</tr>
<tr>
<td>• Intanza® 15μg must only be used in patients aged 60 years and over.</td>
</tr>
<tr>
<td>• Optaflu® must only be used in patients aged 18 years and over.</td>
</tr>
</tbody>
</table>

**No exclusion for:**
- Breastfeeding
- Minor illness without fever or systemic upset
- Non-anaphylactic reactions.
Action to be taken if the patient is excluded

Document reason for exclusion and advise GP.

See Criteria for exclusion with regard to egg allergy.

Contact the Screening and Immunisation Team or Health Protection Team if further advice is necessary.

Action to be taken if the patient / the patient’s parent or carer declines treatment

Advise about the protective effects of the vaccine, and the risks of infection including potential complications.

Document advice given and decision reached.

Inform, or refer the patient to their GP, as appropriate.

2. Description of treatment

Name, strength and formulation of vaccines

Inactivated influenza vaccine suspension in a pre-filled syringe: Fluarix® Tetra▼(GSK); Imuvac® and Influvac® (BGP Products Ltd. formerly Abbott Healthcare); Agrippal®, and Optaflu® (Novartis Vaccines); Enzira® and bioCSL (generic) Inactivated Influenza Vaccine (Pfizer Vaccines); and Inactivated Influenza Vaccine (Split Virion) BP. NB: Imuvac®, Influvac®, Inactivated Influenza Vaccine (Split Virion) BP and Agrippal® are also supplied by MASTA.

Inactivated influenza vaccine suspension supplied as a micro-injection system for intradermal injection consisting of a pre-filled syringe with a micro-needle and a needle shielding system: Intanza®15µg.

All vaccines should be prepared as detailed in SPC or package leaflet. Check injection is of expected appearance (correct colour, etc.) before administration.

All inactivated vaccines contain the same flu virus antigens:

- A/California/7/2009 (H1N1)pdm09-like virus
- A/Switzerland/9715293/2013 (H3N2)-like virus
- B/Phuket/3073/2013-like virus.

Fluarix®▼ Tetra contains, in addition, an extra flu B virus antigen:

- B/Brisbane/60/2008-like virus.
**Name, strength and formulation of vaccines (continued)**

When more than one dose of flu vaccine is indicated it is preferable to use the same vaccine for both doses. However, if this would result in a delay to vaccination, then the products can, safely and effectively, be used interchangeably to provide protection against the 3 antigens that they all contain. If only one dose of Fluarix® ▼ Tetra is given, protection against the additional flu B virus antigen will be incomplete.

Refer to the SPCs for the full list of vaccine components\(^7-15\).

<table>
<thead>
<tr>
<th>Legal category</th>
<th>Prescription Only Medicine (POM)</th>
</tr>
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<tbody>
<tr>
<td>Black Triangle▼</td>
<td>Fluarix® ▼ has a black triangle, all other inactivated flu vaccines do not. See Reporting procedure for adverse reactions.</td>
</tr>
<tr>
<td>Off-label use</td>
<td>No. See Special considerations / additional information.</td>
</tr>
</tbody>
</table>

**Route / method of administration**

Intramuscular injection into the upper arm (deltoid), or the anterolateral thigh (infants) except Intanza® 15µg which is given intradermally (into the upper arm).

For individuals with a bleeding disorder, the vaccines (except Intanza® 15µg) should be administered as a deep subcutaneous injection to reduce the risk of bleeding. NB: subcutaneous administration increases the risk of a local reaction.

Influenza vaccine should not be given intravenously or intradermally except Intanza® 15µg, which must be given intradermally.

Refer to the manufacturer’s leaflet (SPC) for instructions about preparation of the vaccine prior to administration.

NB: All flu vaccines should be allowed to reach room temperature before use.

**Dose**

**All vaccines except Intanza® 15µg:**

- Adults and children aged 6 months and above: 0.5mL
- Intanza® 15µg:
  - Patients aged 60 years of age and over: 0.1mL
### Frequency of administration, duration of treatment and quantity to be administered

<table>
<thead>
<tr>
<th>Adults and children aged 9 years and over: single annual dose</th>
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<tbody>
<tr>
<td>Children from 6 months to less than 9 years of age, receiving (any) influenza vaccine for the <em>first</em> time: a single priming dose followed, a minimum of 4 weeks later, by a second dose; it is preferable to use the same brand for both doses, but all inactivated influenza vaccines are interchangeable (however, if a quadrivalent vaccine has been given, it is preferable to give a second dose of quadrivalent vaccine to ensure all four antigens are boosted).</td>
</tr>
<tr>
<td>Children aged 6 months to less than 9 years of age, who have <em>ever</em> received a previous dose of (any) influenza vaccine: a single dose (only). NB: some children may have received their first (ever) flu vaccine during the current season, via the school-based immunisation service. If this is the case, practitioners giving the second dose must ensure that a minimum of 4 weeks has elapsed.</td>
</tr>
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### Storage

| The vaccines must be stored in the correct conditions in accordance with the manufacturers’ recommendations, as detailed in the SPCs. Vaccines should be stored in the original packaging at +2°C to +8°C and protected from light. |

### Disposal

| Equipment used for immunisation, including used vials, ampoules, or partially discharged vaccines in a syringe or other applicator, should be disposed of by sealing in a proper, puncture-resistant, lidded, yellow ‘sharps’ receptacle for incineration\(^3,4\) |

### Drug interactions

| The vaccines can be given at the same time as, or at any interval before or after all other vaccines, whether in the national schedule or for travel. 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 2.5 cm apart. The specific site at which each vaccine was given should be noted in the patient’s records. |

| The immunogenicity of the vaccine could be reduced by immunosuppressive treatment (and conditions, e.g. HIV), however vaccination is still recommended even if the antibody response might be limited. Re-immunisation should be considered after treatment is finished and recovery has occurred. Specialist advice may be required. |

Refer to British National Formulary (BNF) and Summary of Product Characteristics (SPC) for complete list.
### Identification and management of adverse reactions

Refer to British National Formulary (BNF) and Summary of Product Characteristics (SPC) for complete list.

**Pain, swelling or redness at the injection site, low grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are among the commonly reported symptoms of vaccination. A small painless nodule (induration) may also form at the injection site. These reactions usually disappear within one to two days, without treatment.**

Serious adverse events are rare, but appropriate medical advice should be sought if they occur.

### Reporting procedure for adverse reactions

Health care professionals and patients are encouraged to report:

- all suspected adverse reactions occurring in patients of any age who have received a black triangle medicine (in this case Fluarix® Tetra▼)

- all suspected adverse reactions that are serious or result in harm, in patients of any age who have received non-black triangle medicines (all other vaccines included in this PGD)

To the Medicines and Healthcare Products Regulatory Agency (MHRA) using the Yellow Card reporting scheme\(^5\)

A healthcare professional completing a yellow card should note this in the patient’s record.

Any serious adverse reaction to the vaccine should be fully documented in the patient’s record.

The patient’s GP should be informed.

### Advice and written information to be given to patient / patient’s parent or carer / follow up

Offer marketing authorisation holder’s patient information leaflet (PIL) provided with the vaccine.

Advise:

- about possible local and systemic side effects and their management.
- to seek medical advice in the event of a severe adverse reaction.
- when the next dose of vaccine should be given, if applicable.

**Special considerations / additional information**

| Children aged 5-9 years: Enzira® and bioCSL (generic) inactivated vaccine. | The SPCs for Enzira® vaccine and bioCSL (generic) Inactivated Influenza Vaccine produced by Pfizer Vaccines indicate that a high rate of fever was reported in children aged 5 – 9 years. This vaccine will not be part of the central supply for use in children in the 2015/16 season, but may be available for purchase by the practice. In the unlikely event that no suitable alternative vaccines are available, clinicians should ensure that parents are aware of the risk, and give advice on the management of vaccine-induced fever, before administering these vaccines to children in this age group (see chapter 8 of the *Green Book* for this guidance). |
| Morbid obesity | The JCVI advised that morbidly obese people (defined as BMI 40+) could also benefit from a flu vaccination. This has not been included as part of the GP contract in the 2015/16 DES. Many in this patient group will already be eligible due to complications of obesity that place them in another risk category. Practices will need to use clinical judgement to decide whether to vaccinate this group of patients, but vaccinations for morbidly obese patients with no other recognised risk factor will not attract a payment under the DES in 2015/16. |
| Agrippal®, Imuvac® and Influvac® | These vaccines will not be part of the central supply for use in children in the 2015/16 season, but may be available for purchase by the practice. In the unlikely event that no suitable alternative vaccines are available, please note the following: |
| Doses for children under 3 years of age: | The SPCs for these vaccines state that either a 0.25mL or a 0.5mL dose may be given in children under 3 years of age. The *Green Book* states that 0.5mL doses should always be given (as per JCVI advice). |
| Doses for children receiving flu vaccine for the first time: | The SPCs do not provide an upper age limit for the second doses required for children receiving flu vaccine for the first |
The Green Book states, as per JCVI advice, that only children under 9 years of age need two doses.

If these vaccines are used in children, the Green Book guidance should always be followed.

**Recognition and management of anaphylaxis**

There must be immediate access to:

- adrenaline (epinephrine) 1:1000 (1mg/mL) injection
- the means to administer it
- a telephone.

Vaccine recipients should be observed for immediate adverse reactions. Advice on their management can be found in Chapter 8 of the Green Book, including adrenaline doses to be given in the event of anaphylaxis. These are reproduced in the table below. In some cases, several doses may be needed, particularly if improvement is transient.

Auto-injectors (Epipens® and Anapens®) for self-administration of adrenaline are not suitable for the treatment of anaphylaxis, other than by patients or their carers, and should not be used as a substitute for a proper anaphylaxis pack.

**Doses of adrenaline (epinephrine) by age taken from the Green Book, chapter 8**

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose of adrenaline (epinephrine): volumes stated are 1:1000 (1mg/mL) adrenaline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 6 months</td>
<td>150 micrograms IM (0.15mL)</td>
</tr>
<tr>
<td>Over 6 months but under 6 years</td>
<td>150 micrograms IM (0.15mL)</td>
</tr>
<tr>
<td>6 years to 12 years inclusive</td>
<td>300 micrograms IM (0.30 mL)</td>
</tr>
<tr>
<td>Over 12 years and adult</td>
<td>500 micrograms IM (0.50mL) (300 micrograms IM (0.30mL) if patient is small or prepubertal)</td>
</tr>
<tr>
<td>Records</td>
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<tr>
<td>A written and / or electronic entry must be made in the patient’s General Practitioner medical record, and in other patient records as appropriate. All records should be clear, legible and contemporaneous.</td>
<td></td>
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</tbody>
</table>

Record:

- That valid informed consent was given
- Name of patient, address, date of birth and General Practitioner with whom the patient is registered (if this does not already form part of the record in which the entry is being made)
- Name of member of staff who administered the medicine (sign and print names if the record is a written one)
- Date of administration
- Dose and form of vaccine supplied and administered
- Name, brand, and route and site of vaccine administration
- Batch number and expiry date
- Advice given (including advice if excluded or declines treatment)
- Details of any adverse drug reactions and actions taken
- Supplied via patient group direction.

In addition:

- a computerised or manual record of all individuals receiving treatment under this patient group direction should also be kept for audit purposes

For children’s vaccines only:

- the parent-held child health record (“Red Book”) should, ideally, be completed with the vaccination dates
### 3. Characteristics of staff

| Qualifications and professional registration required | Nurses currently registered with the Nursing and Midwifery Council (NMC).  
Paramedics currently registered with the Health and Care Professions Council (HCPC).  
Additionally, these staff must be working on behalf of a general medical practice from which NHS England Midlands and East (Central Midlands) commissions immunisation services. |
|---|---|
| Additional requirements | Staff must:  
- be authorised by name as an approved practitioner under the current terms of this patient group direction before working to it  
- have undertaken appropriate training for working under PGDs for the supply/administration of medicines  
- have access to the current (online) version of the *Green Book* and to DH/PHE/NHS England letters regarding immunisation;  
- have a working knowledge of the above documents and comply with current recommendations  
- have undertaken training in all aspects of immunisation, and be competent to administer them and to discuss issues related to them  
- have specific knowledge of, and be competent to carry out clinical assessment of patients for the vaccines detailed within this PGD  
- have undertaken training in basic life support and the recognition and management of anaphylaxis and in line with current guidance⁶ |
| Continued training requirements | Staff must:  
- keep their immunisation knowledge up to date and maintain their competence; if asked, they should be able to provide evidence of relevant continued professional development (CPD) |
- annually attend an immunisation update
- annually undertake a basic life support and anaphylaxis update
- be constantly alert to any subsequent recommendations from the Department of Health and other sources of medicines information
References


**NB**: This is the bioCSL (generic) inactivated influenza vaccine, and is comparable to *Enzira*®. It must not be confused with the Sanofi Pasteur inactivated influenza (split virion) vaccine listed below.


Health care professional and employer authorisation

HEALTH CARE PROFESSIONALS MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT

Only those health care professionals listed in section 3 of this document, Characteristics of staff: Qualifications and professional registration required (above) may work under this PGD. They must first complete and sign the individual authorisation in order to do so.

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY

It is the responsibility of each health care professional to practice only within the bounds of their own competence and in accordance with the requirements of their profession’s regulatory framework, and any specific medicines management standards and guidance published by their profession’s regulatory body.

The use of PGDs is not compulsory and each practitioner should exercise personal and professional judgement as to whether to accept the responsibility that the role will place upon them.

Each authorised health care professional should have a copy of the current version of this document available in the clinical room (or other care setting) when administering this medicine. This may include the document being open on a computer screen.

Each health care professional authorised to work under this PGD should be provided with and retain an individual copy of their, and their employer’s signed authorisation.
**Individual authorisation by the health care professional**

By signing this document you are confirming that you have read, understood and agree with its contents, and that you agree to work within it. Once it is signed you are legally bound by and must strictly adhere to it. If you are unsure about any of the content you **must** seek clarification prior to signing.

Please complete the checklist and sign below:

<table>
<thead>
<tr>
<th>Tick</th>
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</table>

- I am a member of a health care profession listed in section 3 of this document and have current registration.

- I confirm that I have read and understood the content of this patient group direction for seasonal (inactivated) influenza vaccines.

- I confirm that I have the necessary competence, training and knowledge to apply it.

- I confirm that I am willing to work within this PGD and agree to administer these vaccines *only* in accordance with its content.

- I will ensure that I *always* have a copy of this PGD available to which to refer when working to it.

<table>
<thead>
<tr>
<th>Name and job title / profession (print):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>
**Employer authorisation**

Any health care professional who fulfils all of the requirements listed in this PGD can work according to it. In doing so they are providing care which has been delegated to them by their employer, who is therefore required to provide a signed authorisation. **The signatory must be satisfied that the named health care professional has the required knowledge and training and has been appropriately assessed as competent to carry out this role.**

<table>
<thead>
<tr>
<th>Tick</th>
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<tbody>
<tr>
<td>I confirm that the above named staff member has been assessed as competent to work under this PGD and that they have the practice’s approval to do so</td>
</tr>
</tbody>
</table>

**Authorising manager’s name and job title / role (print):**

**On behalf of (print name of practice):**

**Signature:**

**Date:**