Patient Group Direction For The Administration Of Measles, Mumps And Rubella (MMR) Vaccine By Health Visitors, Midwives, Nurses And Pharmacists Working Within NHS Grampian

<table>
<thead>
<tr>
<th>Lead Author:</th>
<th>Consultation Group:</th>
<th>Approver:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines Management</td>
<td>See relevant page in</td>
<td>Medicine Guidelines</td>
</tr>
<tr>
<td>Specialist Nurse</td>
<td>the PGD</td>
<td>and Policies Group</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Signature:</th>
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<thead>
<tr>
<th>Identifier:</th>
<th>Review Date:</th>
<th>Date Approved:</th>
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<tbody>
<tr>
<td>NHSG/PGD/MMR/MGPG887</td>
<td>July 2019</td>
<td>July 2017</td>
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<td>Expiry Date:</td>
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<td></td>
<td>July 2020</td>
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A Patient Group Direction is a specific written instruction for the supply or administration of named medicines in an identified clinical situation. It is drawn up locally by Doctors, Pharmacists and other appropriate professionals, approved by the employer and advised by the relevant professional advisory committees. In most cases, appropriate clinical care is provided on an individual basis by a specific prescriber to a specific individual patient. Patient Group Directions should only be considered where they offer a benefit to patient care without compromising patient safety in any way.

Uncontrolled when printed

Version 9.1 (Amended November 2017)
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.

Revision History:

<table>
<thead>
<tr>
<th>Date of change</th>
<th>Approval date of PGD that is being superseded</th>
<th>Summary of Changes</th>
<th>Section heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2017</td>
<td>July 2015</td>
<td>Age range of PGD changed from 6 months to 12 months in-line with vaccine SPCs.</td>
<td>Throughout</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Any cases for MMR in infants &lt;12 months old will need to be considered on a PSD basis.</td>
<td></td>
</tr>
<tr>
<td>May 2017</td>
<td>July 2015</td>
<td>Health Visitors added as a staff group.</td>
<td>Throughout</td>
</tr>
<tr>
<td>May 2017</td>
<td>July 2015</td>
<td>No valid consent added.</td>
<td>Exclusion Criteria</td>
</tr>
<tr>
<td>May 2017</td>
<td>July 2015</td>
<td>Allergy to latex removed as neither brand of vaccine contains any latex.</td>
<td>Exclusion Criteria</td>
</tr>
<tr>
<td>May 2017</td>
<td>July 2015</td>
<td>Vaccination should be postponed during any illness with fever &gt;38.5°C added in-line with SPC.</td>
<td>Exclusion Criteria</td>
</tr>
<tr>
<td>May 2017</td>
<td>July 2015</td>
<td>Family history of congenital or hereditary immunodeficiency.</td>
<td>Exclusion Criteria</td>
</tr>
<tr>
<td>May 2017</td>
<td>July 2015</td>
<td>Patients with rare hereditary problems of fructose intolerance should not be vaccinated with PRIORIX® added in-line with SPC.</td>
<td>Exclusion Criteria</td>
</tr>
<tr>
<td>November 2017</td>
<td>July 2017</td>
<td>Amended to include woman who are over 45 years of age and are healthcare workers.</td>
<td>Exclusion Criteria</td>
</tr>
</tbody>
</table>

Subject: Patient Group Direction
Identifier: NHSG/PGD/MMR/MGPG728, Version 9.1
Replaces: NHSG/PGD/MMR/MGPG728, Version 9
Keyword(s): PGD patient group direction MMR measles mumps rubella nurse midwife pharmacist vaccine immunisation
**Policy Statement:** It is the responsibility of individual health visitor, midwife, nurse or pharmacist 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 patient, 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 patient safety. The expiry date should not be more than 3 years from the date the PGD was authorised.

**Document:**

<table>
<thead>
<tr>
<th>Drafted</th>
<th>Completed</th>
<th>Approved</th>
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<tbody>
<tr>
<td>May 2017</td>
<td>June 2017</td>
<td>July 2017 (published – August 2017)</td>
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</tbody>
</table>
Patient Group Direction For The Administration Of Measles, Mumps And Rubella (MMR) Vaccine By Health Visitors, Midwives, Nurses And Pharmacists Working Within NHS Grampian

Clinical indication to which this PGD applies

| Definition of situation/condition | This Patient Group Direction (PGD) will authorise health visitors, midwives, nurses and pharmacists to administer Measles, Mumps and Rubella (MMR) vaccine. 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, and individual Summary of Product Characteristics (SPC). |
| Inclusion criteria                | - Patients 12 months or older.  
- Patients 6-12 months if the risk of infection is felt to be significant, e.g. during an outbreak or travelling to an endemic area.  
- Patients attending for their school booster immunisations (S3) who have not had two doses of MMR vaccine.  
- Non-immune adults if at risk and likely to be susceptible to the disease – refer to Green Book for risk and age group.  
- Students entering further education who have not completed a two dose schedule of MMR.  
- Unimmunised travellers aged 12 months and older who are known to be susceptible to one or more of the diseases who are travelling to areas where those diseases are circulating.  
- All woman of childbearing age (up to 45 years of age) if susceptible to measles, mumps or rubella.  
- Unimmunised or partially immunised healthcare workers should complete a two dose schedule.  
- Designated groups of people recommended by NHS Grampian Health Protection Team or by the Scottish Government Health Directorate. |
| Exclusion criteria                | Patients may receive the administration of MMR vaccine under this PGD unless: |
• There is no valid consent.
• Patients under 6 months of age.
• Woman over 45 years of age (unless a healthcare worker attending OHS)
• They have known anaphylactic hypersensitivity to any of the excipients which include neomycin and gelatine.
• They have had a confirmed anaphylactic reaction to a previous dose of MMR vaccine - a doctor should be consulted.
• Vaccination should be postponed during any illness with fever >38.5°C.
• They are pregnant. Adequate screening must be taken to ensure that pregnancy is excluded in all females of child bearing age before the administration of MMR vaccine. Breast-feeding is not a contraindication to MMR immunisation and MMR vaccine can be given to breast-feeding mothers without any risk to their baby.
• They have severe impaired immune response whether natural or drug induced, including high dose corticosteroids, radiotherapy, cytotoxic or other agents. This does not apply to patients receiving topical or low-dose corticosteroids as replacement therapy, e.g. for Addison’s disease or prophylaxis, e.g. asthma. Refer to the Green Book chapters 6 and 7.
• They have primary and secondary immunodeficiencies (may be given to asymptomatic HIV patients in the absence of contraindications). Refer to the Green Book chapters 6 and 7.
• They have a family history of congenital or hereditary immunodeficiency, unless the immune competence of the potential vaccine recipient is demonstrated.
• They have active untreated tuberculosis, blood dyscrasias, leukaemia, lymphomas of any type or other malignant neoplasms affecting the bone marrow or lymphatic systems. Refer to the Green Book chapters 6 and 7.
• They have received varicella or shingles vaccines within the preceding 4 weeks. MMR should ideally be given at the same time as these vaccines otherwise, a four-week interval is recommended.
• They have received a vaccination against yellow fever on the same day. A four week interval is required between these vaccines.
• They have been given an injection of immunoglobulin, or blood or plasma transfusions within 3 months.
• Patients with rare hereditary problems of fructose intolerance should not be vaccinated with PRIORIX® since it contains sorbitol.
| Precautions and special warnings | Following vaccination of post-pubertal females they should be informed of the frequency of post-immunisation arthralgia and advised to wait at least one month post immunisation before becoming pregnant.  
Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation.  
MMR vaccine may temporarily depress tuberculin skin sensitivity so that a false negative tuberculin test may be found for four weeks following MMR vaccination. An interval of four weeks should be left between TB skin testing and immunisation with MMR.  
If given within three months of BCG immunisation, immunisation should not be given into the arm used for BCG immunisation due to the risk of regional lymphadenitis.  
Children who suffered idiopathic thrombocytopenic purpura within six weeks of the first dose of MMR should have their bloods tested for measles, mumps and rubella antibodies before a second dose is given. If serology testing suggests that a child is not fully immune against measles, mumps and rubella, then a second dose of MMR is recommended.  
The presence of a neurological condition is not a contraindication to immunisation. If there is evidence of current neurological deterioration, including poorly controlled epilepsy, immunisation should be deferred until the condition has stabilised. A personal or close family history of seizures in children is **not** a contraindication and these children should receive vaccination as normal. Specialist paediatric advice should be sought rather than refuse immunisation. There is overwhelming evidence that MMR does not cause autism. Advice about likely timing of any fever and management of a fever should be given.  
Individuals with current thrombocytopenia may develop more severe thrombocytopenia following vaccination. In addition, individuals who experienced thrombocytopenia with the first dose of MMR may develop thrombocytopenia with repeat doses. Serologic status may be evaluated to determine whether or not additional doses of vaccine are needed. The potential risk-to-benefit ratio should be carefully evaluated before considering vaccination in such cases. |
<table>
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<tbody>
<tr>
<td><strong>Referral criteria</strong></td>
<td>Patients who fall into the categories detailed in the exclusion criteria.</td>
</tr>
</tbody>
</table>
### Action if excluded from treatment

Medical advice should be sought – refer to General Practitioner/Consultant (relevant medical practitioner).

When administration is postponed advise the patient/parent/guardian/person with parental responsibility when to return for vaccination.

The reason why the patient was excluded under the PGD will be documented in the patient’s medical notes.

### Action if patient declines treatment

The patient/parent/guardian/person with parental responsibility should be advised of the risks of not having the vaccination and given advice regarding minimisation of risk and where vaccination can be arranged.

Record outcome in Patient Medication Record if appropriate and refer the patient to their General Practitioner/Consultant (relevant medical practitioner).

### Consent

Prior to the administration of the drug, valid consent must be obtained. Consent must be in line with current NHSG “Staff Policy for Obtaining Consent for Clinical Procedures and Healthcare Interventions”. See link below.


### Description of treatment available under the PGD

<table>
<thead>
<tr>
<th>Name of medicine</th>
<th>MMR Vaccine available as either MMRVaxPRO® or Priorix®</th>
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<tbody>
<tr>
<td>Legal status</td>
<td>MMR Vaccines are Prescription-only Medicines (POMs).</td>
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</table>
| Form/Strength    | MMRVaxPRO® powder and solvent for suspension for injection in pre-filled syringe.  
Priorix® - Powder and solvent for solution for injection.  
Both vaccine preparations contain live attenuated measles, mumps and rubella virus strains. After reconstitution one dose is 0.5mLs. |
### Route/Method of administration

This vaccine should **not** be given by the intravenous or intradermal routes under any circumstances.

Administration of MMRvaxPRO® should be given by **Intramuscular (IM) Injection** preferably into the anterolateral area of the thigh in younger children and the deltoid area in older children, adolescents, and adults.

Administration of Priorix® should be by **deep subcutaneous injection**, although it can also be given by intramuscular injection.

When administering at the same time as other vaccines care should be taken to ensure that the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably in different limbs. If given in the same limb, they should be given at least 2.5cm apart (American Academy of Paediatrics 2003). The site at which each vaccine was given should be noted in the individual’s records.

In patients with thrombocytopenia or a bleeding disorder Priorix® should be administered by deep subcutaneous injection to reduce the risk of bleeding. **N.B.** MMRvaxPRO® can also be administered by subcutaneous injection, however as Priorix® vaccine’s principle route is subcutaneous injection it is the preferred vaccine for use.

The vaccines should only be reconstituted with the supplied diluent and must be visually inspected for foreign particles or variation of physical aspect before use. In the event of these criteria not being met and once the vaccine has been used it should be discarded into a blue lidded bin labelled - medicinal waste products for yellow stream waste disposal.

The vaccine should be injected promptly after reconstitution. If this is not possible, it must be stored at +2°C to +8°C and used within 8 hours of reconstitution.

### Dosage/Total Dose

**Routine childhood immunisations**

First 0.5mL dose to be given between 12 and 13 months of age.

Second 0.5mL dose to be given at 3 years 4 months old or soon after.
The second dose of MMR vaccine is normally given before school entry at three years four months to five years of age. If children attending for a pre-school booster have not been immunised with MMR, they should be offered a first MMR and arrangements made for a second dose to be given in four weeks time.

**Children >10 years old and adults**
Two 0.5mL doses to be given four weeks apart.

<table>
<thead>
<tr>
<th><strong>Duration of treatment</strong></th>
<th>N/A</th>
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</table>
| **Storage requirements**  | Store and transport refrigerated (+2°C to +8°C).  
Do not freeze.  
Store in the original package in order to protect from light. |
| **Follow-up (if applicable)** | Vaccine recipients should remain under observation until they have been seen to recover from the procedure. It is not possible to specify an exact length of time, but patients should remain on the premises for at least 10-15 minutes. Patients should not leave if they are feeling at all unwell without speaking to the nurse or pharmacist first. If necessary a doctor or the patient's GP should be contacted for advice.  
If serious adverse or persistent effects occur, the patient should be advised to contact their GP/Accident and Emergency department/NHS24. |
| **Advice to patient (Verbal)** | Advice should be given on what to expect and what to do for major and minor reactions.  
Give date for next vaccine if applicable. |
| **Advice to patient (Written)** | The Patient Information Leaflet (PIL) contained in the medicine(s) should be made accessible to the patient, parent, guardian, or person with parental responsibility. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.  
Copies of PIL and SPCs for all medicines can be found at http://www.medicines.org.uk or http://www.mhra.gov.uk/spc-pil/index.htm |
| Concurrent Medications/Drug Interactions | MMR vaccine can be given at the same time as other vaccines such as DTaP/IPV, Hib/MenC, PCV and hepatitis B. The vaccine should be given at a separate site, preferably in a different limb.  

MMR can be given at the same time as other live vaccines with the exception of Yellow fever vaccine. MMR and yellow fever vaccines cannot be given on the same day and a four week interval between these vaccines is required.  

If not administered on the same day, a four-week interval is also required between MMR and varicella or shingles vaccines. **No specific interval is required for other live vaccines.**  

MMR vaccine should not be given within 3 months of an injection of immunoglobulin or a blood transfusion. |
|---|
| 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. It is important that procedures are in place to avoid injury from faints.  

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

Adverse reactions following the MMR vaccine (except allergic reactions) are due to effective replication of the vaccine viruses with subsequent mild illness. Such events are to be expected in some individuals. Events due to the measles component occur six to 11 days after vaccination. Events due to the mumps and rubella components usually occur two to three weeks after vaccination but may occur up to six weeks after vaccination. These events only occur in individuals who are susceptible to that component, and are therefore less common after second and subsequent doses.  

Six to eleven days after immunisation, about 1 in 1000 children may have a febrile seizure. Parents should be given advice about reducing fever, including the use of paracetamol or ibuprofen suspension, especially in the period five to ten days after immunisation. |
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 BNF/BNFC and manufacturers SPC for details of all potential adverse reactions.

**BNF:**  
https://www.medicinescomplete.com/mc/bnf/current/  
https://www.medicinescomplete.com/mc/bnfc/current/

**SPCs/PILs:**  
https://www.medicines.org.uk/emc/  
http://www.mhra.gov.uk/spc-pil/index.htm

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

Report the reaction to the MHRA using the Yellow Card System.  
https://yellowcard.mhra.gov.uk/

**Medical advice in cases of anaphylaxis**

Injections of IM adrenaline/epinephrine 1:1000 must be available to treat an anaphylactic reaction should this occur. Medical advice must be sought as soon as possible from a doctor if any patient develops any signs of hypersensitivity. If there is a delay in medical support arriving and the condition of the patient is deteriorating then an emergency ambulance must be called on 999 or direct via ambulance control or dial 2222 (hospital internal) according to local procedure, or seek urgent medical advice. (Refer to Patient Group Direction for the administration of adrenaline (epinephrine) in cases of suspected anaphylactic reactions by qualified health professionals)  

**Facilities and supplies required**

The following should be available at sites where the medication is to be administered:

- Pharmaceutical refrigerator (or a validated cool box for storing vaccine if mobile unit).
- An acceptable level of privacy to respect patient’s right to confidentiality and safety.
- Resuscitation equipment.
- 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.
- Copies of the current PGD for the medicine specified in the PGD.
- PGD for the administration of Adrenaline (epinephrine) in cases of suspected anaphylactic reactions by qualified health professionals.

### Characteristics of staff authorised to supply/administer medicine under PGD

<table>
<thead>
<tr>
<th>Professional qualifications</th>
<th>Registered Nurses, midwives and health visitors 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>
<tbody>
<tr>
<td>Specialist competencies</td>
<td>Be competent to assess the patient’s capacity to understand the nature and purpose of the administration in order for the patient to give or refuse consent.</td>
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<td>Has undertaken appropriate training to carry out clinical assessment of patients leading to a diagnosis that requires treatment according to the indications listed in the PGD.</td>
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<td></td>
<td>Be aware of current treatment recommendations and be competent to discuss issues about the drug with the patient.</td>
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<td></td>
<td>Is competent in the administration of the drug.</td>
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<tr>
<td>Ongoing training and competency</td>
<td>Have attended basic life support training which is required to be updated annually.</td>
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<td></td>
<td>Have undertaken the NHS e-anaphylaxis training session (and annual updates) which covers all aspects of the identification and management of anaphylaxis. This can be accessed via eKSF, or the AT Learning® tool.</td>
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<tr>
<td></td>
<td>Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct.</td>
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<td></td>
<td>The practitioner must be familiar with the SPC for all medicines administered in accordance with this PGD.</td>
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</tbody>
</table>
| Professional managers/Lead Nurses will be responsible for: | Ensuring that the current PGD is available to 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 drug specified in PGD. |
| --- | --- |

**Documentation**

| Authorisation of administration | Nurses, midwives and health visitors working within NHS Grampian can be authorised to administer the drug specified in this PGD by their Line Manager/Consultant/GP. Pharmacists working within NHS Grampian can be authorised to administer the drug specified in this PGD by the 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 doctor/manager should be supplied. This should be held in the individual practitioners records, or as agreed locally. |
| --- | --- |

| Record of administration/ supply | An electronic or paper record for recording the screening of patients and the subsequent administration of the drug specified in this PGD must be completed in order to allow audit of practice. This should include:  
• Name and address of patient  
• Patient CHI No and date of birth  
• Details of parent/guardian, or person with parental responsibility where applicable  
• Consultant/General Practitioner details  
• Risk group, if appropriate  
• Findings of physical examination, if appropriate  
• Exclusion criteria, record why the drug was not administered  
• Reason for giving  
• Consent to the administration (if not obtained elsewhere)  
• Drug manufacturer, batch number and expiry date (Vaccines and injectable medicines)  
• Site where drug administered, dose and route of administration  
• Signature and name in capital letters of practitioner who administered the drug |
| --- | --- |
- Date drug given
- Record of any adverse effects (advise patient’s doctor)
- If vaccines are given information regarding this administration must be provided to the General Practice and Practitioner Services Division (PSD) for inclusion on the Scottish Immunisation Recall System (SIRS).

These records should be retained:

**For children and young people**, retain until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment.

**For 17 years and over** retain for 6 years after last date of entry, for 3 years after death, or in accordance with local policy, where this is greater than above.

### Audit

All records of the drug specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each H&SCP/practice/service will be responsible for auditing completion of drug forms and collation of data.

### References

- Electronic Medicines Compendium [http://www.medicines.org.uk](http://www.medicines.org.uk) MMRVaxPRO® – Date of revision of text 01/03/17, accessed 04/05/17.


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

Name:                       Title:
Frances Adamson             Lead Author: Medicines Management Specialist Nurse
Elaine Allan                Lead Nurse School Nursing
Fiona Browning              Health Protection Specialist Nurse
Rhiannon Sharp              Travel Clinic Lead Nurse
Ann Smith                   Pharmacist: H&SCP Lead Pharmacist
Diana Webster               Medical Practitioner: Public Health Consultant

Authorising Managers

Dr Nick Fluck
Medical Director, NHS Grampian

Mr David Pfleger
Director of Pharmacy and Medicines Management, NHS Grampian

Professor Amanda Croft
Director of Nursing, Midwifery and AHPs, NHS Grampian
Health Care Professional Agreement to Administer Medicines Under Patient Group Direction

I:  ________________________________  (Insert name)

Working within: ________________________________  e.g. H&SCP, Practice

Agree to administer medicines under the direction contained within the following Patient Group Direction

**Patient Group Direction For The Administration Of Measles, Mumps And Rubella (MMR) Vaccine By Health Visitors, Midwives, Nurses And Pharmacists Working Within NHS Grampian**

I have completed the appropriate training to my professional standards enabling me to administer medicines under the above Patient Group Direction. I agree not to act beyond my professional competence nor outwith the recommendations of the Patient Group Direction.

Signed:  ________________________________

Print Name:  ________________________________

Date:  ________________________________

Professional Registration No:  ________________________________
Appendix 2

Certificate Of Authorisation To Administer Medicines Under Patient Group Direction

This authorises: ____________________________________________

Working within: ____________________________________________ e.g. H&SCP, Practice

To administer medicines under the following Patient Group Direction

Patient Group Direction For The Administration Of Measles, Mumps And Rubella (MMR) Vaccine By Health Visitors, Midwives, Nurses And Pharmacists Working Within NHS Grampian

The above named person has satisfied the training requirements and is authorised to administer medicines under the above Patient Group Direction. The above named person has agreed not to act beyond their professional competence nor outwith the recommendations of the Patient Group Direction

Signed: ____________________________________________ Authorising Manager/Doctor

Print Name: ____________________________________________

Date: ____________________________________________