

## CWP Emergency Mass Vaccination / Treatment Plan

Lead executive	Director of Operations
Authors details	Emergency Planning & Business Continuity Co-ordinator – 0300 303 4582

Type of document	Plan
Target audience	CWP Staff
Document purpose	CWP resources could be called upon to support NHS England and Public Health England in response to a request to provide aid in an emergency mass treatment programme including mass vaccination of a population.

Approving meeting	Emergency Planning Sub-Committee	14-Jan-20
Implementation date	14-Jan-20	

CWP documents to be read in conjunction with	
<a href="#">IC1</a>	Infection Prevention and Control Policy
<a href="#">MP1</a>	Medicines Policy
<a href="#">IC10</a>	Prevention and Management of Exposure to Health Care Associated Infections

### Document change history

What is different?	Full review and amendments following Exercise Gryffindor (March 2018) Updated to new CWP Template
Appendices / electronic forms	Eight appendices
What is the impact of change?	Low

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)
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### Document consultation

Clinical Services	Head of IPC, IPC Specialist Nurse, East EP, Wirral EP, West EP
Corporate services	Published on CWP Intranet Noticeboard
External agencies	No

Financial resource implications	No
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### External references

1. Health and Social care Act (2012)
2. NHS England Emergency Preparedness, Resilience and Response Framework (2015)
3. PHE – Communicable Disease Outbreak Management (2014)
4. PHE – Website, Health Protection A to Z, Infectious Diseases

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
<ul style="list-style-type: none"> <li>• Race</li> <li>• Ethnic origins (including gypsies and travellers)</li> <li>• Nationality</li> <li>• Gender</li> <li>• Culture</li> <li>• Religion or belief</li> <li>• Sexual orientation including lesbian, gay and bisexual people</li> <li>• Age</li> <li>• Disability - learning disabilities, physical disability, sensory impairment and mental health problems</li> </ul>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
<p>Is the impact of the document likely to be negative?</p> <ul style="list-style-type: none"> <li>• If so can the impact be avoided?</li> <li>• What alternatives are there to achieving the document without the impact?</li> <li>• Can we reduce the impact by taking different action?</li> </ul>	<p>No</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	
<p>Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.</p> <p>If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.</p> <p>For advice in respect of answering the above questions, please contact the human resource department.</p>		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

**If a request has  
been made please  
go to Appendix 1 –  
Page 13  
to view your  
Action Card**

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## 1. Introduction

An important function of PHE is to protect the public from infectious disease outbreaks. An outbreak is the occurrence of more cases of disease than would be expected within a specific place or group of people over a given period of time. A number of models to treat a given population exist. These include:

- targeting a particular facility with an outbreak, e.g. sending a team into a school with an outbreak
- using community pharmacies to give out medication, e.g. antiviral medication in a pandemic
- using NHS premises or centralised distribution points
- inviting a large population to attend a designated high capacity centre

This plan details the generic activities and procedures that will need to be considered and/or undertaken in order to carry out a mass treatment programme including mass vaccination of a population. The plan can be applied to an outbreak of an existing or new infectious disease or to a deliberate release of a biological or other agent. It can be used to deal with a number of scenarios, for example:

- an influenza pandemic
- exposure of a non-immune population to an infectious disease
- a bio-terrorism event
- An outbreak of Avian flu on a poultry farm

The plan lays out the roles and responsibilities for Cheshire and Wirral Partnership in West Cheshire, where we are commissioned to provide Physical Health services.

The aim of the plan is to rapidly protect unaffected individuals and populations from infections and other risks through vaccination or drug prophylaxis.

### Roles and Responsibilities

- This plan relates to temporary treatment centres. This will normally be Local Authority Premises although other premises could be used e.g. farm building. In addition there are alternative models as listed above.
- CWP are responsible for obtaining supplies and vaccine/drugs, administering the clinical treatment as necessary and keeping records.
- A requirement to escalate within the trust to access further immunisers may be required.
- The Local Authority is responsible for all other aspects of treatment centre management.
- Other external services will assist in the process, e.g. police to ensure safety in the event of unrest.

## 2. Co-ordination

### a) For a Local Incident

An **Incident Control Team** will be established as required by a Consultant in Communicable Disease Control (CCDC) - *PHE responsibility*

The Incident Control Team should include:

Potential Roles	Organisation	CWP Role holder
Consultant in Communicable Disease Control,	PHE	N/A
Director of Public Health	Local Authority	N/A
Local Authority representatives	Cheshire West and Chester Council/Wirral Council	N/A
Head of Emergency Planning NHS England (if large , widespread incident)	NHS England	N/A
Community Operational Manager	CWP	Head of Clinical Services Neighbourhoods
Infection Prevention and Control	CWP	Head of Infection prevention and Control
Media/communication representative	PHE & CWP reps	Communications and Engagement Team

b) For a National or Mersey/Cheshire wide Incident

The Incident Control Team will liaise with NHS England Cheshire & Merseyside.

There will be a need for expert health advice to the Strategic Co-ordination Group as well as the Incident Control Team.

### Command & Control

Strategic, tactical and operational are levels of command adopted by each of the emergency services. It should be understood that the titles do not convey seniority of service or rank but describe the function carried out at that level.

#### Strategic level of command

If Strategic Command is established, the officer designated as having overall command is known as the Strategic Commander and the support necessary to undertake this function is known as strategic control. It does not exercise operational control of the incident but evaluates developments and seeks to maintain a wide overview of policy. CWP and all other health partners will be represented by NHS England Cheshire & Merseyside and other agencies will be represented.

#### CWP level of command

The Trust Incident Officer (TIO) is responsible for the operational management of the incident. The location of incident control will always remain a matter of judgement, based upon the circumstances of the incident. Incident control will normally operate from an established communications facility, but may be located near the scene in a suitable building or control vehicle. Likely location is the Boardroom or Room 2 at Redesmere.

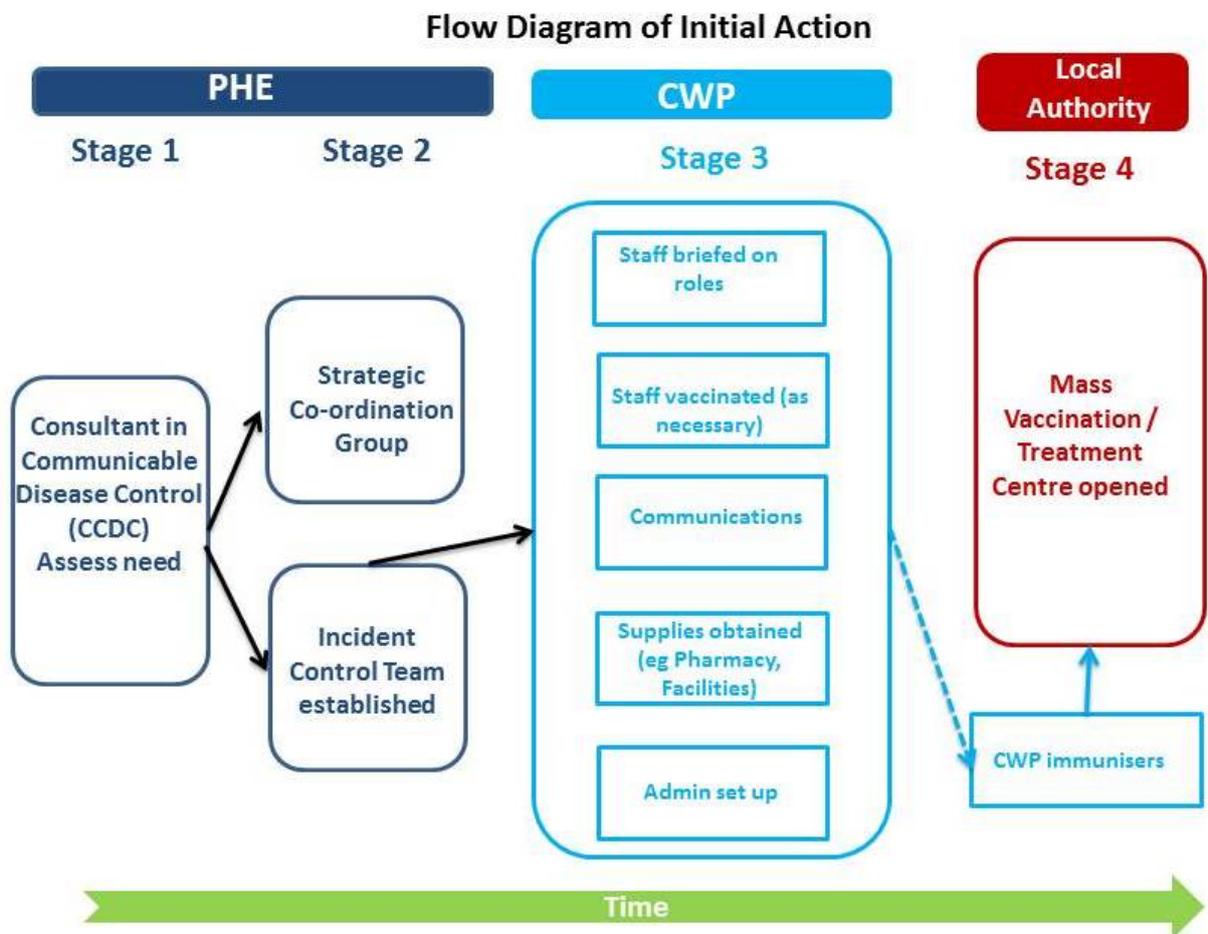
Area	Potential persons
Operational Command Leader	Director of Operations / 3 <sup>rd</sup> Tier on call manager

Community Operational Manager	Head of Clinical Services - Neighbourhood / 2 <sup>nd</sup> Tier On Call
Pharmacy	Chief Pharmacist
Infection Prevention & Control	Head of Infection Prevention and Control
Incident Co-ordination	Emergency Planning Team
Communications	Communications and Engagement Team
Facilities / Transport	Head of Facilities
Major Incident Support staff	From availability at the time

### Scientific and Technical Advice Cell (STAC)

In the event of a chemical, biological, radiological or nuclear (CBRN) incident the police will request a CCDC to chair a STAC which will provide specialist health advice at a strategic level to the police Gold commander.

### 3. Flow Diagram of Initial Action



### 4. Outline of the Plan

Stage 1	Risk to the health of the local population is identified	<ul style="list-style-type: none"> <li>PHE, with NHS England Cheshire &amp; Merseyside, will undertake analysis of risk and impact</li> </ul>
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Stage 2	Incident Control Team is established (by PHE)	<ul style="list-style-type: none"> <li>Decision made to provide mass treatment programme or other courses of action agreed to manage the health risk</li> <li>Communications to, and links with, key agencies established</li> <li>Plan the mass treatment programme at an operational level</li> <li>CWP staff will be part of this team</li> </ul>
Stage 3	Multi-agency approach will be required to manage the mass treatment programme	<ul style="list-style-type: none"> <li>Will involve health care professionals, health care managers, Local Authority staff, voluntary agency staff (if used), security staff, catering staff, police, and interpreters.</li> <li>Communication with all <i>key agencies</i> will be crucial to the effective management of a mass treatment programme</li> </ul>
	The Public	<ul style="list-style-type: none"> <li>Communication to <i>the public</i> will be crucial to prevent panic and maintain control of the situation. Clear and consistent information/instructions will be given.</li> <li>Help lines, information bulletins, the media, updates, safety and transportation need to be considered.</li> </ul>
	Supplies/Equipment	<ul style="list-style-type: none"> <li>Obtain Supplies such as syringes, waste bins etc.</li> <li>Vaccine/antibiotics and all associated equipment need to be sourced, delivered, stored and disposed of appropriately.</li> <li>Pharmacy will liaise with trust supplier</li> <li>This may involve sourcing of additional vaccine refrigerators</li> </ul>
	Data Collection	<ul style="list-style-type: none"> <li>Record of all attendees, consent forms, certificates of vaccination/treatment, vaccine usage documents will be required</li> </ul>
Stage 4	Mass Treatment Centres opened (depends on the nature of the outbreak)	<ul style="list-style-type: none"> <li>The nature of the outbreak and treatment method will determine how many centres need to be opened and where they should be located</li> </ul>

## 5. Role and Responsibilities of Key Agencies

### Community Care Providers - CWP

- Work closely with PHE to agree an appropriate response
- Lead the management of the incident and liaise with all relevant agencies as appropriate
- Liaise with the media, alongside PHE to provide information to the public about the nature of the problem, what is being done about it and arrangements for accessing treatment
- Determine the legal framework required to administer an appropriate treatment programme
- Initiate the plan, carrying out all necessary actions
- Liaise with the Local Authority to set up mass treatment centres

### Public Health England

- Undertake analysis of the health threat and propose an appropriate response
- Work closely with the Director of Public Health and other key personnel as part of the Incident Control Team on the above functions
- Provide support, advice and leadership to the local community on health matters arising from the incident
- Lead the response to the media

## NHS 111

- Provide a helpline and advice line service for members of the general public

## Acute Hospitals Trust

- Vaccinate/treat existing in-patients where appropriate
- Provide emergency resuscitation equipment at each centre
- Provide a delivery point for specialist supplies

## Ambulance Service

- Organise decontamination as necessary
- Provide emergency transport for supplies
- Deliver the specialist supplies

## NHS England

- Ensure mutual aid as appropriate to neighbouring NHS organisations
- Provide effective liaison with, and briefing for, the Department of Health and with other external NHS organisations (including neighbouring strategic health authorities)

## Local Authority

- Set up and open mass treatment centres including the provision of catering for staff
- Provide a Liaison Officer to represent the Local Authority at the Health Incident Control
- Provide a Centre Manager

## Voluntary Agencies

May be requested to:

- Provide additional resources at the mass treatment centres as requested including general help and catering

## Police

- Provide assistance in the event of public order issues at the mass treatment centres
- Assist with traffic management

## **6. Mass Treatment Centres**

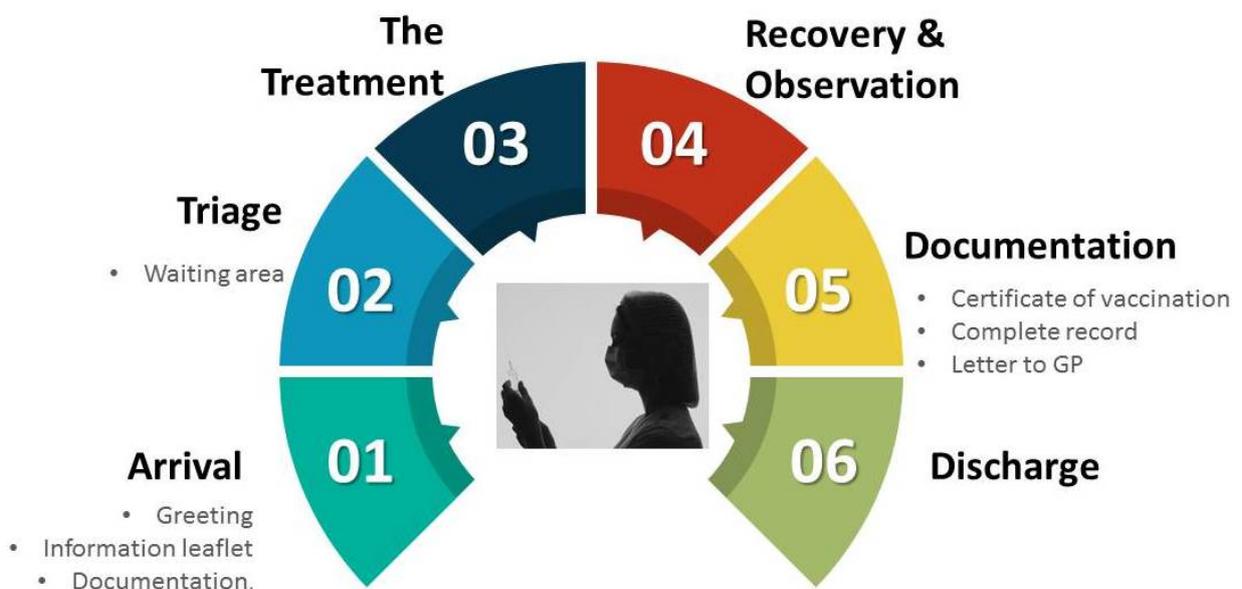
### a) Check List prior to the Mass Treatment Centre being opened

<b>CWP</b>		✓
Supplies from Trust supplier	Vaccines / drugs	
	Syringes	
	Needles	
	Anaphylactic shock kit	
	Consumables required facilitating a vaccination session	
	Alcohol hand gel	
	Soap in pump dispensers	
	Disposable hand towels	

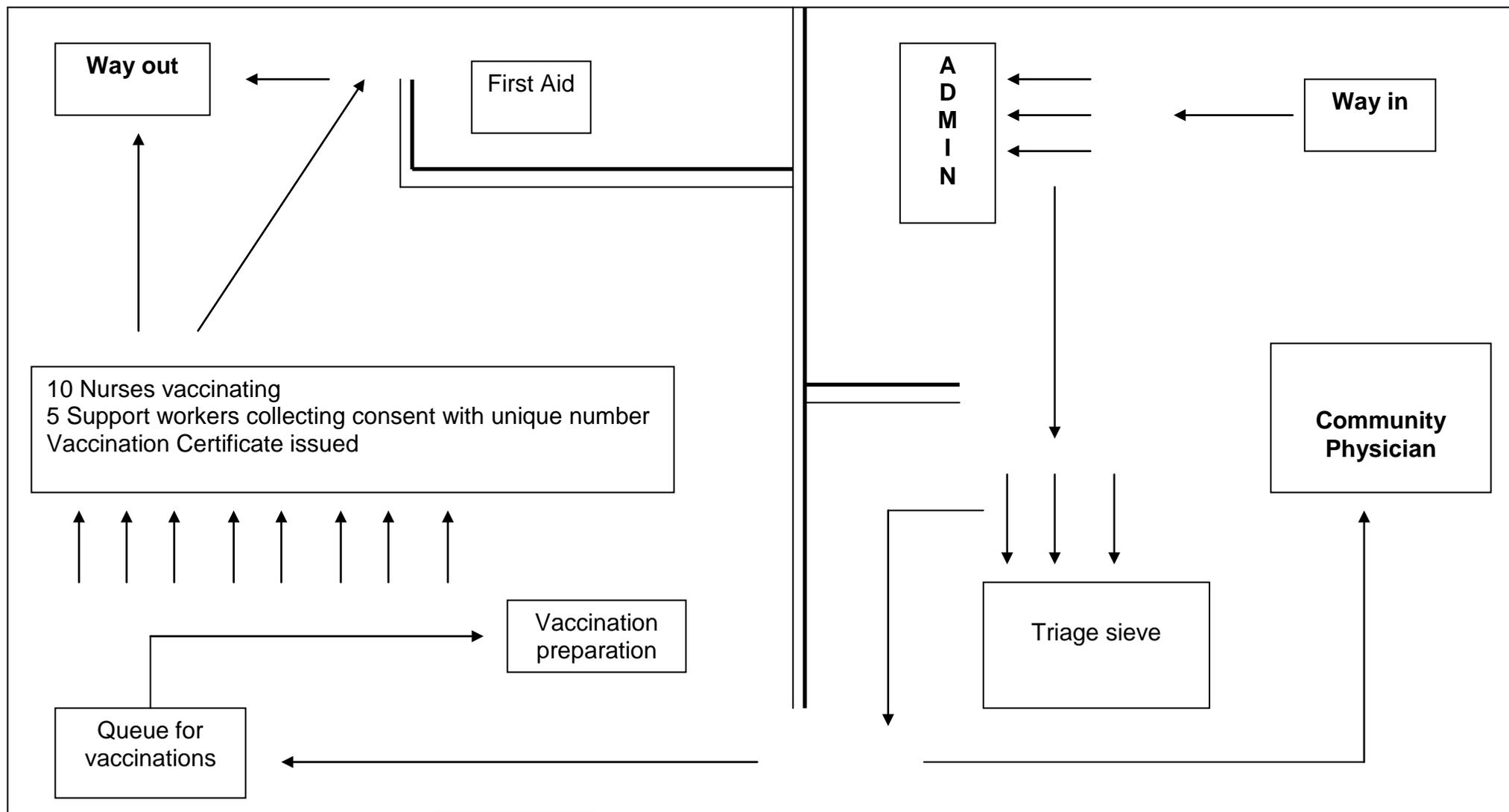
	Swabs	
	Plasters	
	Clinical waste receptacles	
Key documents	Consent Forms	
	Vaccination certificates	
	Public information leaflet	
	Medical records	
	Patient Group Directives	
Staff - Clinical	District Nurses	
	School Nurses	
Staff – Support	Administration	
	Children’s Nurse	
	Health Visitor	
	<b>Local Authority</b>	
Equipment	Tables and chairs	
	Signs	
	Barriers	
Staff	Catering	
	Voluntary sector staff	
	Cleaning staff	
	Interpreters	
	Local Authority Manager	

b) Patient Flow through a Treatment Centre

## Patient Flow through a Treatment Centre



c) Diagrammatic Presentation of a Vaccination/Treatment Centre (an example)



## 7. Treatment Centre Management

### a) Activating the Mass Treatment Centre

The Local Authority will have a representative at the Incident Control Team and will then action the opening of the centres.

Each centre will require a (CWP) Community Services manager co-ordinator and a Local Authority Centre Manager (please see Action Cards in Appendix).

### b) Opening Hours

The nature of the outbreak itself will determine how long the centres will need to be open for each day. A worst case scenario will require 24 hour opening until the vaccination programme has been completed. It is likely that vaccinating the whole population would require 24/7 opening.

Capacity, resources and public demand will be influencing factors on the opening times.

In all circumstances, shift working will be required.

### c) Fire Evacuation Policy

In the event of the fire alarm being activated at one of the centres the normal fire evacuation procedure of the centre must be followed.

Equipment (such as syringes) and the prophylaxis/treatment method will need to be stored quickly and securely.

The Clinical Manager of each centre will need to be familiar with the fire evacuation procedure of the centre and must identify how/where the equipment can be securely stored in an emergency.

# **APPENDIX 1**

# **ACTION CARDS**

**ACTION CARD - CWP Director of Operations / 3<sup>rd</sup> Tier Executive on call****Role** To set up appropriate level of response

ACTION	Completed (time) ✓
1. Establish, with the Consultant in Communicable Disease Control, an Incident Control Team	
2. Keep a log	
3. Inform General Manager of Physical Health / Physical Health on call manager	
4. Inform Head of Infection Prevention and Control	
5. Inform Chief Pharmacist (refer to action card 3)	
6. Inform Emergency Planning Team	
7. Inform Communications and Engagement Team	
8. Ensure the Chief Executive is aware	
9. Contact senior managers as required	
10. Delegate a health Treatment Centre Manager for each centre	
11. Liaison with CWP Facilities	

ACTION CARD - <b>CWP Treatment Centre Manager – Community Services</b>	
<b>Role</b>	To set up appropriate level of response

The Treatment Centre Manager would be appointed by the General Manger or Physical Health on call Manager

ACTION	Completed ✓ (time)
1. Attend the designated centre	
2. Decide on flow rate and patients within the resources	
3. Implement a shift rota (administrative support)	
4. With the Local Authority Centre Manager set up the centre	
5. Brief clinical staff as required	
6. Report to the Trust operational command regularly	
7. Consider children's and vulnerable person's needs	
8. Identify staff who will be administering medicines and confirm that they have all signed the PGD and that their training allows them to work under the PGD. If additional training needs are identified and technical advice is required liaise with pharmacy.	
9. Liaise with pharmacy to ensure delivery and storage arrangements are in place	
10. Allocate the following roles/tasks: <ul style="list-style-type: none"> <li>• Greeting</li> <li>• Information leaflet</li> <li>• Triage</li> <li>• Waiting area</li> <li>• Treatment area</li> <li>• Recovery/observations</li> <li>• Certificate</li> <li>• Record keeping</li> <li>• Letter to GP</li> <li>• Discharge</li> </ul>	

**Note:**

Consider CWP staff who are trained flu vaccinators - they would have the skills required but would need an update on the medicine being used and specific side effects, cautions etc. before they could sign the PGD

<b>ACTION CARD - CWP Pharmacy</b>	
<b>Role</b>	To set up appropriate level of response

ACTION	Completed ✓ (time)
1. Establish vaccine/medicine requirements and contact preferred pharmacy supplier to initiate order and delivery arrangements	
2. Identify PHE PGD to be used (liaise with Chair or Secretary of PGD sub-group)	
3. Identify Pharmacy personnel required and organise sign up to the PGD if not already done so.	
4. The Pharmacy emergency planning lead will decide if Pharmacy team business continuity plan should be initiated	

- The Clinical Pharmacy team are on site at Bowmere Hospital Monday – Friday, 08:30-16:30.
  - If an emergency is declared during these hours, please contact a member of the pharmacy team as a matter of urgency.

**Wirral** - 0151 334 5558

**Chester** - 01244 397 494

**Macclesfield**- 01625 50 85 80

- Should an emergency be declared outside of these hours, please contact the on-call pharmacist via the switchboard.

<b>ACTION CARD - CWP Infection Prevention and Control Team (IPCT)</b>	
<b>Role</b>	To set up appropriate level of response

<b>ACTION</b>	<b>Completed ✓ (time)</b>
1. Be a member of the outbreak control team if required	
2. Provide advice and guidance to the outbreak control team on matters of infection control	
3. Assist in the investigation and management of the outbreak	
4. Support the outbreak control team with providing advice to NHS staff and the general public on infection control issues	
5. Advise on provision of hand hygiene facilities for the mass vaccination centre	
6. Liaise as appropriate with other NHS professionals for examples GP's and pharmacy leads	
7. Act as vaccinators as required	

### **Request to take a sample from a patient in the Community**

#### **Background**

A person with symptoms of a disease requires a sample taking from them to confirm / exclude a particular disease.

The request may come from Public Health England (PHE), NHS England or the Trust's IPCT

It would normally require a Community nurse to visit the patient (usually but not always in their own home).

#### **Required Action**

1. Write down the request, what sample is required and the suspected disease.
2. Contact the Consultant in Communicable Diseases (CCDC) at PHE to establish patient history and to seek clinical advice on protecting the healthcare worker. If possible, this should be done through the trusts Infection Control Advisor.
3. Establish with PHE and the Trust's IPCT what Personal Protective Equipment (PPE) is required and what level of risk there is to the clinician attending.
4. Agree with PHE where to take the sample e.g. patients own home or place of work.

If the above establishes the clinician can be protected adequately from the disease / potential disease. A risk assessment should also be completed by the Trust's IPCT (if the risk is too high it should be referred to PHE for the HART team / Hospital testing)

5. Arrange for the appropriate PPE and clinical kit (swabs etc.).
6. Arrange for a clinician to visit the patient and take samples within the timescale advised by PHE.
7. PHE will liaise with Trust's IPCT (in hours) re sample transport and laboratory testing and who should be advised of the result.

<b>ACTION CARD - PHE Media/Communications Lead</b>	
<b>Role</b>	To set up appropriate level of response

Note: this will be led by PHE but requires detailed interaction / coordination with the CWP Communications and Engagement team. Potentially, other media teams such NHS England, CWaC and Cheshire Police etc.

ACTION	Completed ✓ (time)
8. Liaise with SCG (Strategic Coordination Group) if established	
9. Liaise with the Provider communications lead to ensure a consistent message	
10. Liaise with NHS 111 re public information	
11. Liaise with the regional PHE communications lead	
12. Ensure public information is timely and accurate	

<b>ACTION CARD - CWP Administration Member</b>	
<b>Role</b>	To set up appropriate level of response

ACTION	Completed ✓ (time)
13. Attend the Centre and support the CWP Treatment Centre Manager	
14. Obtain the following documents: <ul style="list-style-type: none"> <li>• Consent forms</li> <li>• Vaccination certificates</li> <li>• Patient information leaflets</li> <li>• Record sheets</li> <li>• Standard letter to GP</li> </ul>	
15. Manage the administration staff into roles, consider the best use of skills and allocate jobs to staff	
16. Liaise with the Local Authority Centre Manager	

## Appendix 2 Obtaining Specialist Supplies

For the following specialist supplies; contact North West Ambulance Service (NWAS) Regional Operations Centre (0345 113 0099).

- Nerve agent antidote
- Dicobalt edentate
- Obidoxine
- Botulium antitoxin
- Ciprofloxacin (oral and intravenous)
- Potassium iodate
- Prussian blue

### **Appendix 3 Waste Management**

#### CWP Responsibility

The Head of Facilities will oversee waste management.

Support and advice will be provided by the CWP Environmental Waste Officer

Each site will require appropriate clinical waste containers including safe sharp bins.

The Operational Manager from SRCL should be contacted by the NLAG manager re appropriate supplies of boxes. Bags for offensive waste stream and general waste can be obtained from CWP Facilities management. Arrangements for regular collection and disposal should be through SRCL, the Trust's preferred contractor.

## Appendix 4 Calling in the General Public

In the event of a nationwide response the Department of Health will advise on how to call in the public.

In the event of a more localised response the Incident Control Team will decide on the most appropriate way of calling the public in.

It may be necessary to vaccinate by priority groups or to vaccinate the entire population, in which case the public will need to be called in either by general practitioner list or by post code.

The local media can assist with informing the public on when and where to attend.

### Order of Vaccination

Example of call out priority list (to be reviewed at time of incident).



## **Appendix 5 Treatment/Vaccination of Non-Mobile Patients**

This will be co-ordinated from the CWP Operational Command.

### Nursing Homes

Responsibility will be with the G.P. in the first instance. CWP support may be requested through mutual aid via NHS England.

### Residential Homes

Responsibility will be with the G.P. in the first instance unless already registered with a district nurse. CWP support may be requested through mutual aid via NHS England.

### House bound

Responsibility will be with the G.P. in the first instance unless already registered with a district nurse. CWP support may be requested through mutual aid via NHS England.

### Underserved

Responsibility will be with the G.P. in the first instance unless already registered with a district nurse. CWP support may be requested through mutual aid via NHS England.

## **Appendix 6 Children's Needs**

Where there is a need to vaccinate children they should, where possible, be vaccinated with their parent/guardian and the family seen together. Responsible adults will be able to inform re allergies, etc.

It may be necessary to set up a nursery/crèche/child minding facility for NHS and Local Authority workers to ensure their children are cared for during the mass treatment sessions.

Cognisance of NHS England any advice for mass gatherings must be adhered to.

If in a school environment, communications would be via the School and School Nurses would immunise, but District Nurses could be co-opted

Parental consent forms required for <16 year olds.

Pupil information would be supplied by the school.

## **Appendix 7 Identified Mass Treatment/Vaccination Centres**

CWP West Community establishments would not be adequate for mass centres. Accordingly, these details will be included in Cheshire West and Cheshire's relevant Mass Casualty Plan.

It is likely that sports halls/schools would be required due to the number of people requiring vaccination etc. These are potentially not pre-defined in plans as their availability / ownership / accessibility may often change.

Note: consideration also needs to be given to rural communities.

## Appendix 8 Patient Group Directions

Patient Group Directions (PGDs) are documents (in the English National Health Service) permitting the supply of prescription-only medicines (POMs) to groups of patients, without individual prescriptions. Healthcare workers using PGDs should be sufficiently trained to be able to supply and administer POMs.

**PLEASE NOTE THAT THIS IS A TEMPLATE AS AN EXAMPLE ONLY.**

**IN THE CASE OF MASS VACCINATION CWP PHARMACY WILL PROVIDE GUIDANCE.**

This Patient Group Direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

### Patient Group Direction

for the supply of

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by registered health professional group(s) for

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Version number: 1

### Change history

Version number	Change details	Date

### PGD development

Name	Job title and organisation	Signature	Date
	Clinical Nurse Specialist/ Independent Prescriber		
	Lead Mental Health Pharmacist		
	Senior Clinical Pharmacist		

### PGD authorisation

Name	Job title and organisation	Signature	Date
	Consultant Psychiatrist and Chair of Medicines Management Group CWP		
	Chief Pharmacist and secretary of Medicines Management Group CWP		
	Medical Director, Quality Compliance and Assurance CWP		

### Training and competency of registered health professionals

	Requirements of registered health professionals working under the PGD
Qualifications and professional registration	
Initial training	
Competency assessment	
Ongoing training and competency	<p>PGD's do not remove inherent professional obligations or accountability.</p> <p><b>YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT</b></p>

**Clinical condition**

Clinical condition or situation to which this PGD applies	
Inclusion criteria	
Exclusion criteria	
Cautions (including any relevant action to be taken)	
Arrangements for referral for medical advice	
Action to be taken if patient excluded	
Action to be taken if patient declines treatment	

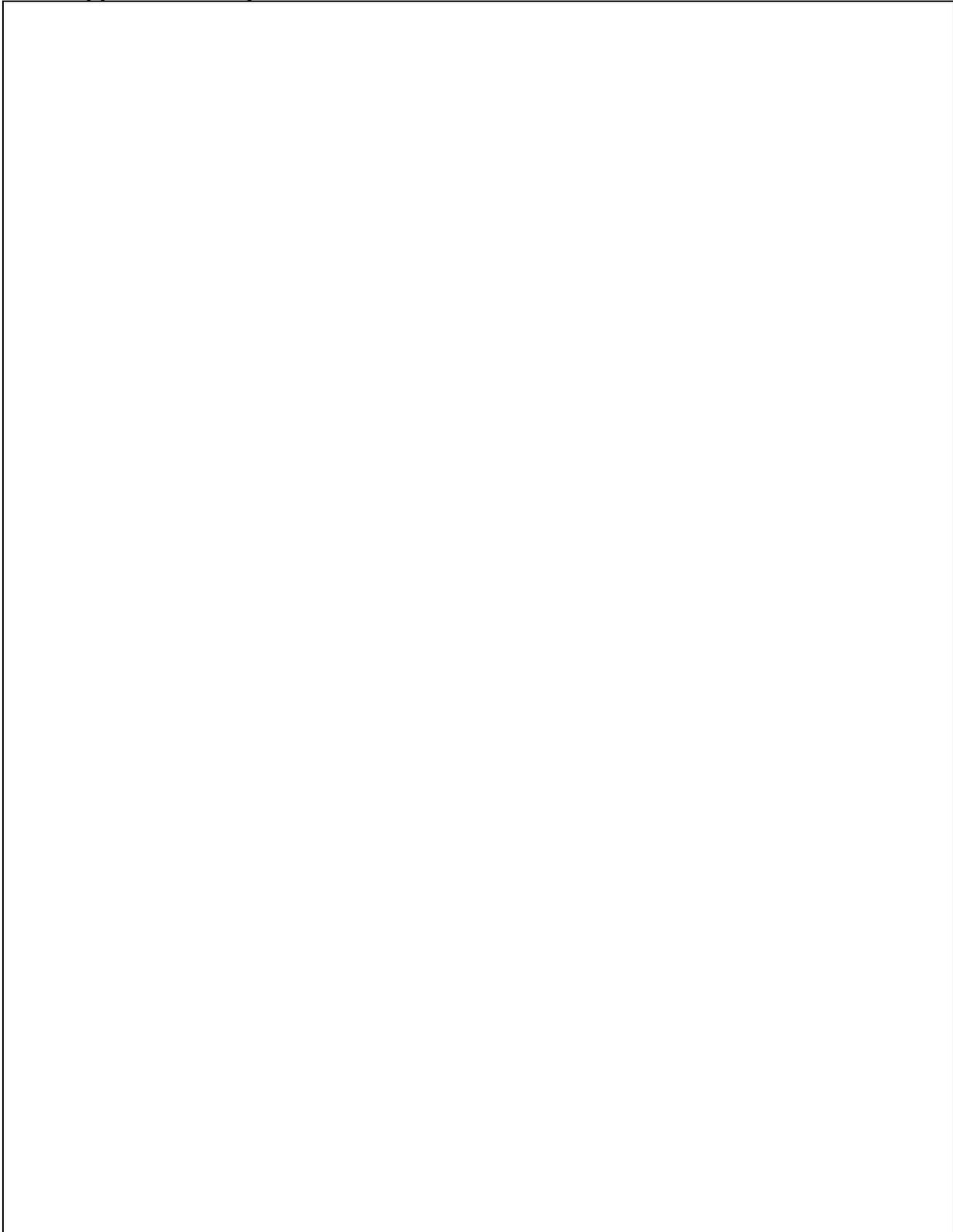
**Details of the medicine**

Name, form and strength of medicine	
Legal category	
Route/method of administration	
Dose and frequency	
Quantity to be administered and/or supplied	
Maximum or minimum treatment period	
Adverse effects	<a href="http://yellowcard.mhra.gov.uk/">http://yellowcard.mhra.gov.uk/</a>
Records to be kept	

**Patient information**

Written information to be given to patient or carer	
Follow-up advice to be given to patient or carer	

**PGD Appendix A - Key references**



**PGD Appendix B - Health professionals' agreement to practise**

I have read and understood the Patient Group Direction and agree to supply this medicine only in accordance with this PGD

**The supply of**

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence.

Note to Authorising Managers: Authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the authorisation sheet showing their authorisation.

Name of health professional	Signature	Senior representative authorising health professional	Date