NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Patient Group Direction For The Administration Of Haemophilus Influenzae Type b And Meningococcal C Conjugate Vaccine (Hib/MenC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles

Lead Author: PGD adapted from PHS template by Medicines Management Specialist Nurse NHSG	**Consultation Group:** See relevant page in the PGD	**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Signature:		**Signature:**
NoS Identifier: NoS/PGD/HibMenC/ MGPG1215	**Review Date:** November 2023 **Expiry Date:** November 2024	**Date Approved:** November 2021

NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 2.1.1 (Amended April 2022)

(Adapted from the Public Health Scotland PGD Template)

Revision History:

Reference and approval date of PGD that has been adapted and/or superseded	PGD adapted from PHS national PGD template and supersedes NoS/PGD/HibMenC /MGPG1215, Version 2.1	
Date of change	**Summary of Changes**	**Section heading**
September 2021	Yearly updated PGD adapted from PHS PGD template. This PGD has undergone minor rewording, layout, formatting changes.	
September 2021	Section updated in-line with updated SmPC and PHS PGD template.	Identifying and managing possible adverse reactions
March 2022	Wording changed to include all healthcare professionals approved in current legislation that can operate under a PGD.	Professional qualifications and Authorisation of administration
April 2022	Minor amendment to Authorisation of Administration section due to omission of occupational therapist, orthoptist/prosthetists, radiographers and speech and language therapists to include all registered healthcare professionals that may be authorised to operate under this PGD.	Authorisation of administration

NoS Identifier: NoS/PGD/HibMenC/MGPG1215
Keyword(s): PGD Patient Group Direction haemophilus influenzae type b meningococcal C conjugate vaccine nurses midwives health visitors childhood immunisation menitorix

Policy Statement: It is the responsibility of the individual healthcare professional 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 individual, 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 safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document:	Drafted:	September 2021
	Completed:	November 2021
	Approved:	November 2021 (published – December 2021)
	Amended and reauthorised:	March 2022 and April 2022

Organisational Authorisations

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD Developed/Reviewed by;

Medical practitioner	**Name:** Dr Daniel Chandler **Health Board:** NHST **Title:** Consultant in Public Health Medicine **Contact email:** daniel.chandler@nhs.scot **Signature:** ..... **Date signed:** 21/03/2022
Senior representative of the professional group who will provide care under the direction	**Name:** Lynda Davidson **Health Board:** NHSH **Title:** Health Protection Nurse Specialist **Contact email:** lynda.davidson@nhs.scot **Signature:** ..... **Date signed:** 15/03/2022
Lead author	**Name:** Frances Adamson **Health Board:** NHSG **Title :** Medicines Management Specialist Nurse **Contact email:** frances.adamson@nhs.scot **Signature:** ..... **Date signed:** 01/03/2022
Pharmacist	**Name:** Liam Callaghan **Health Board:** NHSWI **Title :** Chief Pharmacist **Contact email:** liam.callaghan@nhs.scot **Signature:** ..... **Date signed:** 15/03/2022

Approved for use within NoS Boards by;

North of Scotland (NoS) PGD Group Chair	Signature	Date Signed
Lesley Coyle		01/03/2022

Authorised and executively signed for use within NoS Boards by;

NHS Grampian Chief Executive	Signature	Date Signed
Professor Caroline Hiscox		23/03/2022

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 NHSG
Liam Callaghan	**Pharmacist:** Chief Pharmacist NHSWI
Dr Daniel Chandler	**Medical Practitioner:** Consultant in Public Health Medicine NHST
Lynda Davidson	**Senior Representative:** Health Protection Nurse Specialist NHSH
Catherine Thomson	Nurse Clinical Advisor Immunisation Team NHSG
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Patient Group Direction For The Administration Of Haemophilus Influenzae Type b And Meningococcal C Conjugate Vaccine (Hib/MenC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles

Clinical indication to which this PGD applies

Definition of situation/Condition	This Patient Group Direction (PGD) will authorise approved healthcare professionals as detailed in the characteristics of staff authorised to work under this PGD to administer a dose of *Haemophilus influenzae* type b (Hib) and *Neisseria meningitides* serotype C (MenC) in individuals aged 1 year to under 10 years of age, and individuals older than this who may be at elevated risk from invasive Hib disease. 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 Chapters 16 and 22, and the individual Summary of Product Characteristics (SmPC).
Inclusion criteria	• Individuals aged 1 year to under 10 years of age who have previously received a primary course of vaccination against diphtheria, tetanus, pertussis, polio and Hib and who require a booster dose of Hib • Individuals aged 1 year to under 10 years of age and are unimmunised or incompletely immunised against Hib • Individuals aged 1 year to under 10 years of age and are unimmunised against MenC disease • Individuals who require vaccination for the prevention of secondary cases of MenC disease, following specific advice from NHS Board Public Health Teams • Individuals with an underlying medical condition which puts them at increased risk from Hib or MenC, i.e. individuals with asplenia, splenic dysfunction or complement disorders (including those on, or to receive, complement inhibitor treatment, i.e. eculizumab) see The Green Book Chapter 7. Prior to the administration of the vaccine, valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with current individual NHS Boards consent policy.

Exclusion criteria	Individuals: • Less than 1 year of age, unless indicated for the prevention of secondary cases of MenC disease • Aged 10 years and over, unless indicated for the prevention of secondary cases of MenC disease or in an at risk category • Who have had a confirmed anaphylactic reaction to a previous dose of Hib or MenC containing vaccine or to any excipients of the vaccine, including any conjugate vaccines where tetanus toxoid is used in the conjugate • With current acute systemic or febrile illness • Who have received Hib or MenC containing vaccine in the preceding 4 weeks • Where there is no valid consent.
Precautions and special warnings	Minor illness without fever or systemic upset is not a valid reason to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. The Green Book advises that there are very few individuals who cannot receive Hib/MenC vaccine. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team. The presence of a neurological condition, including poorly controlled epilepsy is not a contraindication to immunisation but if there is evidence of current neurological deterioration, deferral of vaccination may be considered, to avoid incorrect attribution of any change in the underlying condition. The risk of such deferral should be balanced against the risk of the preventable infection, and vaccination should be promptly given once the diagnosis and/or the expected course of the condition becomes clear. If a seizure associated with a fever occurred within 72 hours of a previous immunisation, immunisation should continue as recommended if a cause was identified or the child recovered within 24 hours. However, if no underlying cause was found and the child did not recover completely within 24 hours, further immunisation should be deferred until the condition is stable (as assessed by an appropriate clinician, e.g. GP or paediatrician).

	The immunogenicity of the vaccine could be reduced in immunosuppressed subjects. Vaccination should proceed in accordance with the national recommendations. However, re-immunisation may need to be considered. Seek medical advice as appropriate. Individuals with a Bleeding Disorder - An individual risk assessment should be undertaken prior to vaccination. As with any intramuscular (IM) vaccination, the injection should be given with caution to individuals with thrombocytopenia or any coagulation disorder, as bleeding may occur following IM administration. Therefore, individuals with known bleeding disorders or taking anticoagulant therapy should receive the vaccine by deep subcutaneous injection route to reduce the risk of bleeding. Individuals should be informed of the risk of developing haematoma and what to do if this occurs.
Action if excluded from treatment	Medical advice must be sought – refer to relevant medical practitioner. If clarification is required about an individual meeting the exclusion criteria advice can be sought from the local Health Protection team. Immunisation using a patient specific direction may be indicated. The risk to the individual of not being immunised must be taken into account. Discussion of the risk and benefits of vaccination should take place. Discussions and decisions taken should be documented in clinical records. Temporary exclusion: In case of postponement due to acute severe febrile illness, advise when the individual can be vaccinated at a later date and ensure another appointment is arranged. Document the reason for exclusion under the PGD and any action taken in the individual's appropriate clinical records.
Action if treatment is declined	Advise about the protective effects of the vaccine and the risk of infection and disease complications. Ensure they have additional reading material, e.g. the Patient Information Leaflet (PIL) available to print here. Document advice given and decision reached. Inform/refer to the relevant medical practitioner if individual/person with parental responsibility declines treatment. Document that the administration of the vaccine was declined, the reason and advice given in appropriate clinical records.

Description of vaccine available under the PGD

Name form and strength of vaccine	*Haemophilus influenzae* type b (Hib) and *Neisseria meningitides* serotype C (MenC) vaccine (conjugated to tetanus toxoid as carrier protein). Menitorix® white powder in vial and clear colourless solvent for solution for injection in a prefilled syringe. After reconstitution, each 0.5 mL dose contains: *Haemophilus* type b polysaccharide (polyribosylribitol phosphate) 5micrograms conjugated to tetanus toxoid as carrier protein 12.5micrograms *Neisseria meningitidis* group C (strain C11) polysaccharide 5micrograms conjugated to tetanus toxoid as carrier protein 5micrograms
Legal status	Menitorix® is a Prescription-only Medicine (POM). **Use out with the SmPC** The administration of this vaccine by subcutaneous injection to individuals with a bleeding disorder is outside the terms of the marketing authorisation and constitutes an off-label use of the vaccine. However, the use of the vaccine in this way is in-line with recommendations in the Green Book Chapter 4. Menitorix® is licensed for use from 2 months of age up to 2 years. It may however, be used in older children and adults in accordance with recommendations for the vaccination of individuals with uncertain or incomplete immunisation status and the relevant chapters of the 'Green Book'. The Hib/MenC vaccine SPC states "Menitorix® should be used in accordance with official recommendations". The use of Hib/MenC vaccine to provide a single priming dose of MenC to individuals from 12 months of age is not covered by the SmPC but is in accordance with advice from JCVI (see MenC vaccination schedule planned changes from July 2016) The Hib/MenC vaccine SPC also states "The timing of the booster dose should be from the age of 12 months onwards and at least 6 months after the last priming dose". However, when primary vaccination has been delayed, the Hib booster dose may be given at the scheduled visit provided it is at least 1 month since the last primary dose was administered in accordance with recommendations for the vaccination of individuals with uncertain or incomplete immunisation status.

	The individual or the person with parental responsibility should be informed prior to the administration that the use is off-label.
Dosage/Maximum total dose	0.5mL
Frequency of dose/Duration of treatment	**Routine Childhood Immunisation Schedule** A single dose to be administered at around 12 months of age, although It can be administered at any age if being given to prevent a secondary case of Men C infection. When primary vaccination has been delayed, this dose of Hib/Men C may be given at the scheduled visit provided it is at least 4 weeks since the last primary vaccine was administered. **Incomplete immunisation history** Children over 1 year and under 10 years of age who have completed a primary course of diphtheria, tetanus, pertussis and polio, but have not received Hib containing vaccines should receive a single dose of Hib/MenC vaccine. All unimmunised or incompletely immunised children under 10 years of age require one dose of Hib and MenC over the age of 1 year in accordance with the current Public Health England vaccination of individuals with uncertain or incomplete immunisation status flow chart. For immunisation of individuals in clinical risk groups refer to Box 7.1 in the Green Book Chapter 7.
Maximum or minimum treatment period	See Frequency of dose/Duration of treatment section above.
Route/Method of administration	Administration of Menitorix® should be given by intramuscular injection only, preferably in the anterolateral thigh region. In children 12 to 24 months of age, the vaccine may be administered in the deltoid region of the upper arm. This vaccine **should not be given** by the intravenous or intradermal routes under any circumstances. Individuals with known bleeding disorders should receive the vaccine by deep subcutaneous route to reduce the risk of bleeding. Reconstitute the vaccine by adding the entire contents of the pre-filled syringe of solvent to the vial containing the powder. Shake the mixture well until the powder is completely dissolved in the solvent. The reconstituted vaccine is a clear and

	colourless solution. The reconstituted vaccine should be inspected visually for any foreign particulate matter and/or variation of physical aspect prior to administration. In the event of either being observed, do not use the vaccine. 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 when possible in different limbs to allow monitoring of local reactions to the Menitorix®. If given in the same limb they should be given at different sites at least 2.5cm apart (American Academy of Paediatrics 2003). The site at which each vaccine was administered should be noted in the individual's records.
Quantity to be administered	0.5mL
Storage requirements	Vaccine will be stored in a temperature controlled refrigerator between +2°C and +8°C. Refrigerators should have maximum and minimum temperatures recorded daily. Store in original packaging in order to protect from light. Do not freeze. After reconstitution, the vaccine should be administered promptly or kept in the refrigerator (2°C - 8°C). If it is not used within 24 hours, do not administer the vaccine. Experimental data show that the reconstituted vaccine could also be kept up to 24 hours at ambient temperature (25°C). If it is not used within 24 hours, do not administer the vaccine. Individual NHS Board guidance on the storage, handling and cold chain in relation to vaccines must be observed. Likewise, individual NHS Board guidance in relation to waste management and the disposal of all spent, partially spent or unused vaccines must also be observed.
Follow-up (if applicable)	The individual/person with parental responsibility should not leave if they have any concerns that the vaccine recipient is unwell without speaking to the healthcare professional who administered the vaccine first. If necessary a doctor or the individuals GP should be contacted for advice.
Advice (Verbal)	Advise individual/person with parental responsibility what to expect and what to do for minor and major reactions. If serious adverse or persistent effects occur, the person with parental responsibility should be advised to contact their GP/Accident and Emergency department/NHS24.

	When administration is postponed advise the person with parental responsibility when to return for vaccination. The Individual/person with parental responsibility should be advised to look for signs of fever following immunisation. Childhood antipyretics such as paracetamol can be given to treat a fever should one develop. If appropriate, advise the person with parental responsibility when subsequent doses are due and if any follow up is required.
Advice (Written)	The PIL contained in the medicine(s) should be made available to the individual. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand. Immunisation promotional material may be provided as appropriate. Provide/refer to national leaflet A guide to childhood immunisations up to 5 years of age. More information regarding this vaccine can be found at: https://www.nhsinform.scot/healthy-living/immunisation
Identifying and managing possible adverse reactions	The most commonly seen reactions are minor local injection site reactions such as hardening of the skin, oedema, pain and redness. A small painless nodule may form at the injection site. 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. Mild side effects such as irritability, loss of appetite, drowsiness and slightly raised temperature commonly occur. Less commonly crying, diarrhoea, vomiting, atopic dermatitis, rash, malaise and fever over 39.5˚C have been reported. **This list is not exhaustive. Please also refer to current BNF and manufacturers SmPC for details of all potential adverse reactions.**

	BNF/BNFC: BNF British National Formulary - NICE BNF for Children British National Formulary - NICE **SmPC/PIL/Risk Minimisation Material:** Home - electronic medicines compendium (emc) MHRA Products | Home RMM Directory (emc) If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Report any severe reactions using the Yellow Card System. Yellow Card Scheme - MHRA
Facilities and supplies required	The following are to be available at sites where the vaccine is to be administered: • Pharmaceutical refrigerator (or a validated cool box for storing vaccine if mobile unit) • An acceptable level of privacy to respect individual's right to confidentiality and safety • Basic airway resuscitation equipment (e.g. bag valve mask) • Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection • Access to a working telephone • Another competent adult, who can summon urgent emergency support if required should ideally be present • 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 or alcohol hand gel • A copy of this PGD in print or electronically

Characteristics of staff authorised to administer vaccine under PGD

Professional qualifications	Those registered healthcare professionals that are listed and approved in legislation as able to operate under Patient Group Directions, as identified and included in individual Board immunisation delivery plans.
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individual's capacity to understand the nature and purpose of vaccination in order to give or refuse consent • Competent to undertake administration of the vaccine and discuss issues related to vaccination • Competent in the handling and storage of vaccines, and management of the "cold chain"

	• Competent to work under this PGD.
Ongoing training and competency	**All professionals working under this PGD must:** • Have undertaken PGD training as required/set out by each individual Health Board • Have attended basic life support training either face to face or online and updated in-line with individual Board requirements • Have undertaken immunisation training where available • Have undertaken NHS e-anaphylaxis training or equivalent which covers all aspects of the identification and management of anaphylaxis updated in-line with individual Board requirements • Maintain their skills, knowledge and their own professional level of competence in this area according to their Code of Professional Conduct • Have knowledge and familiarity of the following; ○ Current edition of the Green Book ○ SmPC for the vaccine to be administered in accordance with this PGD ○ Relevant policy relating to vaccine storage and immunisation procedures for use within their Health Board ○ Relevant Scottish Government Health Directorate advice including the relevant CMO letter(s).
Responsibilities of professional manager(s)	**Professional manager(s) will be responsible for;** Ensuring that the current PGD is available to all 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 the vaccine specified in this direction.

Documentation

Authorisation of administration	Qualified healthcare professionals working within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles listed and approved in legislation as able to operate under PGD can be authorised to administer the vaccine specified in this PGD in accordance with local delivery plans and by agreement at individual Board level as per the following:

	Nurses, midwives and health visitors can be authorised by their line manager. Pharmacists working within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles can be authorised to administer the medicine(s) specified in this PGD when they have completed local Board requirements for service registration. The following list of healthcare professionals can be authorised by their Line Manager, Head of Service or Vaccine Coordinator: Chiropodists, dental hygienists, dental therapists, dieticians, occupational therapists, optometrists, orthoptists, orthotist/prosthetists, paramedics, physiotherapists, podiatrists, radiographers and speech and language therapists. 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 professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board.
Record of administration	An electronic or paper record for recording the screening of individuals and the subsequent administration, or not of the vaccine specified in this PGD must be completed in order to allow audit of practice. This should include as a minimum: • Date and time of vaccine administration • Individuals name and CHI • Exclusion criteria, record why the vaccine was not administered (if applicable) • Record that valid consent to treatment under this PGD was obtained • The name, brand, dose, form, batch number, expiry date, route/site of the vaccination administered • Advice given, including advice given if excluded or declined treatment under this PGD • Signature and name in capital letters of the healthcare professional who administered the vaccine • Where childhood immunisations are given information of the administration must be provided to the GP Practice and Practitioner Services Division (PSD) for inclusion on the Scottish Immunisation Recall System (SIRS) • Record of any adverse effects (advise individuals GP/relevant medical practitioner). Depending on the clinical setting where administration is undertaken, the information should be recorded manually or electronically on the individual service specific system, as appropriate.

	• Child Health Information Services if appropriate • Hand–held records such as red book if appropriate • Individual's GP records if appropriate • Individual service specific systems.
Audit	All records of the vaccine specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service where the PGD will be used will be responsible for annual audit to ensure a system of recording medicines administered under a PGD.
References	Electronic Medicines Compendium http://www.medicines.org.uk Menitorix® – Date of revision of text 06/05/20, accessed 29/09/21. National Formulary for Children and the British National Formulary https://about.medicinescomplete.com/ accessed 28/01/21. Department of Health (2006): Immunisation against Infectious Disease [Green Book] https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book Immunisation against Infectious Disease [Green Book] Chapter 16 Haemophilus influenzae type b (Hib) and Chapter 22 Meningococcal. American Academy of Pediatrics (2003) Active immunisation. In: Pickering LK (ed.) Red Book: 2003 Report of the Committee on Infectious Diseases, 26th edition. Elk Grove Village, IL: American Academy of Pediatrics, p 33.

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 1

Healthcare Professional Agreement to Administer Vaccine Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to administer the vaccine contained within the following Patient Group Direction:

Patient Group Direction For The Administration Of Haemophilus Influenzae Type b And Meningococcal C Conjugate Vaccine (Hib/MenC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles

I have completed the appropriate training to my professional standards enabling me to administer the vaccine under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN _____

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 2

Healthcare Professionals Authorisation to Administer Vaccine Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to administer the vaccine under this PGD is responsible for ensuring that he or she is competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to administer the vaccine under this PGD is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration is carried out within the terms of the direction, and according to his or her individual code of professional practice and conduct.
Patient Group Direction For The Administration Of Haemophilus Influenzae Type b And Meningococcal C Conjugate Vaccine (Hib/MenC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles
Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For The Administration Of Haemophilus Influenzae Type b And Meningococcal C Conjugate Vaccine (Hib/MenC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**