




Written instruction to administer inactivated influenza vaccine as part of an NHS Body* or Local Authority occupational health scheme, which may include peer to peer immunisation (2021/22)

For use only by the following: registered nurses, registered midwives, registered nursing associates, registered operating department practitioners, registered paramedics, registered physiotherapists and pharmacists

Organisation name:	East London NHS Foundation Trust
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Name and signature of the registered doctor authorising occupational health vaccinators, who declare themselves (in Section 3) to have met the training and competency requirements defined in this written instruction, to operate under this written instruction on behalf of the named organisation.

Note in the absence of an Occupational Health Service (OHS) physician this can be signed by an organisation's medical director. The Doctor signing this written instruction on behalf of the organisation they are employed by must be working within their own competency when signing.

Name	GMC Registration Number	Job Title	Signature	Date
Paul Gilluley		Chief Medical Officer		10/09/2021
Andrea Okoloekwe		Interim Chief Pharmacist		10/09/2021
Lorraine Sunduza		Chief Nurse		10/09/2021

* An NHS Body is defined in the Human Medicines Regulations 2012 (HMR 2012) as one of the following:

- the Common Services Agency
- a health authority
- a special health authority
- a Clinical Commissioning Group
- an NHS trust
- an NHS foundation trust

**** Occupational health vaccinators are defined in Regulations 8 of the HMR 2012, as amended by The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020. In accordance with Regulation 8 and Schedule 17 of HMR 2012, occupational health vaccinators employed or engaged by a person operating an occupational health scheme and operating under this written instruction may be: Registered nurses, midwives and nursing associates currently registered with the Nursing and Midwifery Council (NMC); operating department practitioners, paramedics and physiotherapists registered in Part 13, 8 or 9 of the Health and Care Professions Council register; Pharmacists registered with the General Pharmaceutical Council.**

1. Training requirements

Qualifications and professional registration	<p>Occupational health vaccinators, employed or engaged by a person operating an occupational health scheme, and with one or more of the following professional registrations:</p> <ul style="list-style-type: none"> • Registered nurses, midwives and nursing associates registered with the Nursing and Midwifery Council (NMC). • Operating department practitioners, paramedics and physiotherapists registered in Part 13, 8 or 9 of the Health and Care Professions Council register. • Pharmacists registered with the General Pharmaceutical Council. <p>NO OTHER PRACTITIONERS CAN USE THIS WRITTEN INSTRUCTION</p>
Training and competency	<p>All East London NHS Foundation (ELFT) staff using this written instruction should follow this process for training:</p> <ol style="list-style-type: none"> 1. ELFT Influenza Immunisation Training 2021/2022 delivered in-house by the ELFT Immunisation Training Team. The training dates will be advertised on the Trust website. 2. Flu Immunisation <ul style="list-style-type: none"> • Core knowledge for Flu Immunisers available at https://www.e-lfh.org.uk/programmes/flu-immunisation • Core knowledge for Flu Immunisers – Self-assessment available at https://www.e-lfh.org.uk/programmes/flu-immunisation/ 3. Inactivated Flu Vaccines – Learning and self-assessment available at: <ul style="list-style-type: none"> • Learning: https://portal.e-lfh.org.uk/Component/Details/405286 • Self-assessment: https://portal.e-lfh.org.uk/Component/Details/405289 4. Mandatory Training that should have been completed: <ul style="list-style-type: none"> • Basic Life Support and Anaphylaxis (in the last 12 months) • Safeguarding (Adults – Level 2) • Safeguarding (Children – Level 2) • Medicines Management • Infection Control Level 2

	<p>If new to flu and vaccination, will also require intramuscular (competency) training.</p> <p>Note: You will need to register at e-Learning for Health (e-LfH) to access the above courses on their website.</p> <p>The website is www.e-lfh.org.uk (please bookmark this page for ease of access)</p> <p>Register, create a username and password.</p> <p>Log in using your newly created username and password.</p> <p>Then go to: “My e-learning” from the menu.</p> <p>Other useful learning programme:</p> <p>Staff could also access other learning or OLM resources designed to provide more information to all healthcare practitioners involved in delivering or advising on the national flu immunisation programme, such as:</p> <ul style="list-style-type: none"> Documentation and Record keeping Storage, Handling, and cold chain management <p>All staff using this Written Instruction must be compliant with Infection Control level 2 – [wearing Personal Protective Equipment (PPE) - gloves, apron, fluid resistant surgical mask) and good hand hygiene practice with hand sanitisers or soap and water].</p> <p>Evidence of attendance and completion of training will be sought from vaccinators by the team leaders/Locality Flu leads or relevant managers to enable them to track and monitor training compliance; this will include collation of training and assessment certificates</p>
Competency assessment	<p>Most of the training is competency based therefore evidence of attendance and completion of these training will be sought from the vaccinators.</p> <p>All vaccinators (listed above) operating under this written instruction are personally responsible for ensuring they remain up to date with the use of the vaccine/s included. If any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the Written Instruction and further training provided as required.</p>

2. Details of inactivated influenza vaccine to be administered:

Clinical condition or situation to which this written instruction applies	<p>Inactivated influenza vaccine is indicated for the immunisation of staff for the prevention of influenza.</p> <p><i>Note: Staff refers to staff of the authorising organisation or staff members of another organisation the authorising organisation is commissioned to provide this vaccination service to.</i></p>
Criteria for inclusion	<p>Inactivated influenza vaccine should be offered to the following staff:</p> <ul style="list-style-type: none"> • Employees aged 18 years and over including those in clinical at-risk groups. • Employees aged 16-17 years not in a clinical at-risk group. • Inactivated influenza vaccine should be offered to the following staff: • All staff employed, contracted, or commissioned to work with East London NHS Foundation Trust, which includes: Site workers, bank and agency staff, hospitality staff, volunteers, and students
Criteria for exclusion	<p>Individuals for whom no valid consent has been received (for further information on consent see Chapter 2 of 'The Green Book').</p> <p>Individuals who:</p> <ul style="list-style-type: none"> • Are under 16 years of age • Employees aged 16-17 years in a clinical at-risk group – they should be advised to attend their GP surgery to be immunised with LAIV. • Have had a confirmed anaphylactic reaction to any component of the vaccine or residues from the manufacturing process¹ (other than ovalbumin – see Cautions). • Have received a dose of influenza vaccine for the current season • Are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation) • Have received a dose of influenza vaccine for the current season (Avoid unnecessary double dosing of flu vaccine) • 65 years old and above
Cautions including any relevant action to be	<p>Individuals with a bleeding disorder may develop a haematoma at the injection site (see Route of administration).</p>

¹ Residues from the manufacturing process may include beta-propiolactone, cetyltrimethylammonium bromide (CTAB), formaldehyde, gentamicin, hydrocortisone, kanamycin, neomycin, octoxinol-9, octylphenol ethoxylate, polysorbate 80, sodium deoxycholate. Check individual vaccine product SPC for details.

taken	<p>Individuals with a severe anaphylaxis to egg which has previously required intensive care can be immunised in any setting using an egg-free vaccine, Flucelvax[®] Tetra▼ (QIVc), which is licensed for use in this age group. Individuals with less severe egg allergy can be immunised in any setting using an egg-free vaccine or inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms in a 0.5 ml dose). For details of the influenza vaccines available for the 2021/22 season and their ovalbumin content see Influenza vaccines: 2021 to 2022 flu season.</p> <p>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.</p> <p>Information for Vegans / Vegetarians</p> <p>Like many pharmaceutical products, all of the recommended flu vaccines use animal derived products in their production.</p> <p>The vaccines for the coming season are grown on either eggs or a cell line derived from an animal.</p> <p>Vaccinations are not compulsory in the UK; we operate a system of informed consent.</p> <p>Some vegans may therefore choose not to have the flu vaccine because of the use of animal derived products.</p> <p>Vaccination is recommended because it provides the best protection against a disease which can kill.</p> <p>The Vegetarian Society recommends that those at risk continue to accept medicines they need, including vaccination.</p> <p>The Vegetarian Society can be found at: https://vegsoc.org/lifestyle/flu-vaccinations-2020-what-you-need-to-know/</p>
Action to be taken if the client is excluded	<p>Where appropriate, such individuals should be referred to their GP.</p> <p>In case of postponement due to acute illness, advice when the individual can be vaccinated and how future vaccination may be accessed should be given.</p> <p>Document the reason for exclusion and any action taken and/or advice given on the vaccination form– approved by Peoples and Culture/ELFT Flu Planning Campaign group or any other vaccination record held by the individual</p>
Action to be taken if the	<p>Advise the individual about the protective effects of the vaccine, the</p>

client declines treatment	<p>risks of infection to themselves, their families and the organisation's service users and potential complications if not immunised.</p> <p>Advise how future immunisation may be accessed if they subsequently decide to receive the inactivated influenza vaccine.</p> <p>Document, in accordance with local procedure, advice given and the decision reached.</p>
Arrangements for referral for medical advice	Each individual person is advised to contact their GP for further support

Description of treatment	
Name, strength & formulation of drug	<p>Inactivated influenza vaccine suspension in a pre-filled syringe, including:</p> <ul style="list-style-type: none"> • adjuvanted quadrivalent influenza vaccine (aQIV), Flud Tetra ▼ • cell-based quadrivalent influenza vaccine (QIVc), Flucelvax® Tetra ▼ • egg-grown quadrivalent influenza vaccine (QIVe) • recombinant quadrivalent influenza vaccine (QIVr), Supemtek ▼ <p>NOTE: cell-based quadrivalent influenza vaccine (QIVc), Flucelvax® Tetra ▼ is the only flu vaccine that ELFT has procured for 2021/22 season for staff/peer to peer vaccination using this written instruction.</p> <p>The other vaccines that are available for the 2021 to 2022 influenza immunisation programme nationally are listed here: www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content</p> <p>Some influenza vaccines are restricted for use in particular age groups. The SPC for individual products should always be referred to.</p> <p style="text-align: right;">Summary table of which influenza vaccines to offer (by age)</p>

	16-17 year olds NOT in a clinical at-risk group	Offer QIVc or QIVr.
	18 years to under 65 years	Offer QIVc or QIVr. Or, if QIVc or QIVr are not available, offer QIVe.
	65 years and over ²	Offer aQIV. Or, if aQIV is not available, offer QIVc or QIVr. It is recommended that aQIV is offered 'off-label' to those who become 65 years of age before 31 March 2022 (see off-label use section).
	Note – this template does not include high-dose quadrivalent influenza vaccine (QIV-HD) or trivalent influenza vaccines which are not part of the national programme	
Legal category	Prescription only medicine (POM).	
Black triangle▼	<p>QIVc, QIVr and aQIV products are black triangle.</p> <p>QIVe vaccine from Viatris (formerly Mylan) is black triangle.</p> <p>This information was accurate at the time of writing. See product SPCs at www.medicines.org.uk for indication of current black triangle status.</p>	
Off-label use	<p>The aQIV is licensed for administration to individuals aged 65 years and over. It may be administered under this Written Instruction to 64 year olds turning 65 years of age by 31 March 2022 in accordance with the recommendations for the national influenza immunisation programme for 2021/22.</p> <p>The licensed ages for the 2021/22 season influenza vaccines are:</p> <ul style="list-style-type: none"> • QIVe are licensed from 6 months of age • QIVc, Flucelvax[®] Tetra ▼, is licensed from 2 years of age • QIVr, Supemtek ▼, is licensed from 18 years of age • aQIV, Fluad Tetra ▼ is licensed for individuals aged 65 years and over <p>Vaccine should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to PHE Vaccine Incident Guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use this would constitute off-label administration under this Written Instruction.</p> <p>Where a vaccine is recommended off-label, as part of the consent process, consider informing the individual that the vaccine is being offered in accordance with national guidance but that this is outside</p>	

² JCVI recommended use of QIV-HD in this age group but this is not currently available in the UK market.

	<p>the product licence.</p> <p>Note: Different influenza vaccine products are licensed from different ages and should be administered within their licence when working to this written instruction, unless permitted off-label administration is detailed above. Refer to products' SPCs at www.medicines.org.uk and the table of Influenza Vaccines for the 2021 to 2022 season for more information.</p>
<p>Route / method of administration</p>	<p>Administer by intramuscular injection, preferably into deltoid region of the upper arm.</p> <p>Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual's anticoagulant therapy.</p> <p>Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. If the individual receives medication/treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication/treatment is administered. A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual should be informed about the risk of haematoma from the injection.</p> <p>Influenza vaccines licensed for both intramuscular or subcutaneous administration may alternatively be administered by the subcutaneous route. Note: QIVc (Flucelvax[®] Tetra▼), QIVr (Supemtek▼) and aQIV (Fluad Tetra▼) are not licensed for subcutaneous administration so should only be administered intramuscularly under this Written Instruction.</p> <p>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.</p> <p>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. The site at which each vaccine was given should be noted in the individual's records. If aQIV needs to be administered at the same time as another vaccine, immunisation should be carried out on separate limbs.</p> <p>Shake vaccine before administration.</p>

	<p>Inspect visually prior to administration and ensure appearance is consistent with the description in the products SPC.</p> <p>The SPCs provide further guidance on administration and are available from the electronic medicines compendium website: www.medicines.org.uk</p>
Dose and frequency of administration	<p>Single 0.5ml dose for the current annual flu season (1 September 2021 to 31 March 2022).</p>
Storage	<p>Store at +2°C to +8°C. Do not freeze.</p> <p>Store in original packaging in order to protect from light.</p> <p>Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage (see the Green Book Chapter 3).</p> <p>In the event of an inadvertent or unavoidable deviation of these conditions vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed for suitability of continued off-label use or appropriate disposal. Refer to PHE Vaccine Incident Guidance and consult local pharmacy team for further advice.</p>
Disposal	<p>Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant 'sharps' box, according to local authority regulations and guidance in the technical memorandum 07-01: Safe management of healthcare waste (Department of Health, 2013).</p>
Drug interactions	<p>Immunological response may be diminished in those receiving immunosuppressive treatment, but it is important to still immunise this group.</p> <p>Inactivated influenza vaccine may be given at the same time as other vaccines (See Route / method of administration).</p> <p>A detailed list of drug interactions is available in the SPC for each vaccine, which are available from the electronic medicines compendium website: www.medicines.org.uk</p>
Identification & management of adverse reactions	<p>Pain, swelling or redness at the injection site, low-grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are among the commonly reported symptoms after intramuscular vaccination. A small painless nodule (induration) may also form at the injection site. These symptoms usually disappear within 1 to 2 days without treatment.</p> <p>Immediate reactions such as urticaria, angio-oedema, bronchospasm and anaphylaxis can occur.</p> <p>A higher incidence of mild post-immunisation reactions has been reported with adjuvanted compared to non-adjuvanted influenza vaccines.</p>

	<p>The frequency of injection site pain and systemic reactions may be higher in individuals vaccinated concomitantly with inactivated influenza vaccine and pneumococcal polysaccharide vaccine (PPV23) compared to vaccination with influenza vaccine alone and similar to that observed with PPV23 vaccination alone. Influenza vaccine and PPV23 may be administered at the same visit.</p> <p>A detailed list of adverse reactions is available in the SPC for each vaccine, which are available from the electronic medicines compendium website: www.medicines.org.uk</p>
Management of and reporting procedure for adverse reactions	<p>Healthcare professionals and individuals are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store.</p> <p>QIVe vaccine from Viatrix (formerly Mylan), QIVc, QIVr and aQIV are black triangle. Therefore, any suspected adverse reactions should be reported via the Yellow Card Scheme.</p> <p>Any adverse reaction to a vaccine should be documented in the individual's occupational health record and the individual's GP should be informed.</p>
Written information to be given to client	<p>Offer marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine.</p>
Client advice / follow up treatment	<p>Individuals should be advised regarding adverse reactions to vaccination and reassured that the inactivated vaccine cannot cause influenza. However, the vaccine will not provide protection for about 14 days and does not protect against other respiratory viruses that often circulate during the flu season.</p> <p>Immunosuppressed individuals should be advised that they may not make a full immune response to the vaccine. Therefore, consideration should be given to the influenza vaccination of their household contacts.</p> <p>Inform the individual of possible side effects and their management.</p> <p>The individual should be advised when to seek medical advice in the event of an adverse reaction.</p> <p>Individuals in a clinical risk group recommended seasonal influenza vaccine should be encouraged to inform their GP (and midwife if relevant) once they have received influenza vaccine for the current season so their medical records (and maternity records if relevant) can be updated accordingly. Individuals who decline immunisation from their OHS provider and who are immunised elsewhere should be encouraged to inform their employer of their immunisation status as per local policy.</p> <p>Resources to share with clients are available at: https://www.gov.uk/government/collections/annual-flu-programme</p>

Special considerations / additional information	<p>Ensure there is immediate access to adrenaline (epinephrine) 1 in 1,000 injection and easy access to a telephone at the time of vaccination.</p> <p>Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered.</p> <p>Staff with learning disabilities may require reasonable adjustments to support vaccination (see https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities). A PSD or referral to another provider may be required if a suitable alternative vaccine is not offered by the OHS.</p>
Records	<p>Record in line with local procedure:</p> <ul style="list-style-type: none"> • that valid informed consent was given • name of individual, address, date of birth and GP with whom the individual is registered • name of immuniser • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • quantity administered • batch number and expiry date • anatomical site of vaccination • advice given, including advice given if excluded or declines immunisation • details of any adverse drug reactions and actions taken • administered under written instruction <p>Records should be signed and dated (or password-controlled immuniser's record on e-records).</p> <p>All records should be clear, legible and contemporaneous.</p> <p>As a wide variety of influenza vaccines are available on the UK market each year, it is especially important that the exact brand of vaccine, batch number and site at which each vaccine is given is accurately recorded in the individual's records.</p> <p>It is important that vaccinations given within Occupational Health settings are recorded according to OH principles and ethics and in a timely manner.</p> <p>Local policy should be followed to encourage information sharing with the individual's General Practice where the individual would be eligible for immunisation under the national influenza programme to allow appropriate clinical follow up, improve data capture of vaccination status and to avoid duplicate vaccination.</p> <p>A record of all individuals receiving treatment under this written instruction should also be kept for audit purposes in accordance with local policy.</p>

Key references

Inactivated influenza vaccination

- Immunisation Against Infectious Disease: The Green Book, [Chapter 19](#). Published 29 October 2020.
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Collection: Annual Flu Programme. Updated 29 July 2021.
<https://www.gov.uk/government/collections/annual-flu-programme>
- The national flu immunisation programme 2021 to 2022: supporting letter. Published 19 July 2021.
<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>
- Enhanced Service Specification, Seasonal influenza and vaccination programme 2021/22.
<https://www.england.nhs.uk/gp/investment/gp-contract/>
- Influenza vaccines: 2021 to 2022 flu season.
<https://www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content>
- Live attenuated influenza vaccine (LAIV) PGD
<https://www.gov.uk/government/publications/influenza-vaccine-fluenz-tetra-patient-group-direction-pgd-template>
- Written instruction for the administration of seasonal 'flu vaccination. NHS Specialist Pharmacy Service. 16 July 2020
<https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/>
- Summary of Product Characteristics
www.medicines.org.uk
- Flu immunisation training recommendations. Updated 5 August 2020.
<https://www.gov.uk/government/publications/flu-immunisation-training-recommendations>
- Flu Vaccinations: Supporting people with learning disabilities. Updated 25 September 2018.
<https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities>
- PHE Information for healthcare practitioners
<https://www.gov.uk/government/publications/inactivated-influenza-vaccine-information-for-healthcare-practitioners>

General

- Health Technical Memorandum 07-01: Safe Management of Healthcare Waste. Department of Health 20 March 2013
<https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste>
- Immunisation Against Infectious Disease: The Green Book.

Chapter 2. Updated 18 June 2021.

<https://www.gov.uk/government/publications/consent-the-green-book-chapter-2>

- National Minimum Standards and Core Curriculum for Immunisation Training. Published February 2018
<https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners>
- NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions. Published March 2017.
<https://www.nice.org.uk/guidance/mpg2>
- NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions. Updated March 2017.
<https://www.nice.org.uk/guidance/mpg2/resources>
- Patient Group Directions: who can use them. Medicines and Healthcare products Regulatory Agency. 4 December 2017.
<https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them>
- PHE Guidance on immunisation training during the COVID-19 pandemic. 26 June 2020.
<https://www.gov.uk/government/publications/immunisation-training-guidance-during-the-covid-19-pandemic/guidance-on-immunisation-training-during-the-covid-19-pandemic>
- PHE Immunisation Collection
<https://www.gov.uk/government/collections/immunisation>
- PHE Vaccine Incident Guidance
<https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors>

3. Vaccinator authorisation sheet

Example – other recording forms, including electronic may be used in line with local policies

Details of the approved vaccinator working for East London NHS Foundation Trust who have completed the required training and been assessed as competent (as detailed in Section 2 and confirmed by Team Manager/locality Flu Lead/clinical supervisor signing below) who are authorised and willing to administer inactivated influenza vaccine in accordance with this written instruction as part of the named organisation’s occupational health scheme, which may include peer to peer immunisation:**

Name	Profession and Professional Registration Number	Signature	Date	Locality Flu lead/Clinical Supervisor/Team manager name	Clinical supervisor/Team manager/locality Flu lead signature	Date