**ANNEX B: Practitioner authorisation sheet**

**AstraZeneca COVID-19 Vaccine (ChAdOx1-S [Recombinant])** **Vaccine Protocol Protocol**

**Valid from: Expiry:**

Before signing this Protocol, check that the document has had the necessary authorisations in section 1 and 2. Without these, this Protocol is not lawfully valid.

**Practitioner**

By signing this Protocol, you are indicating that you agree to its contents and that you will work within it.

Protocols do not remove inherent professional obligations or accountability.

It is the responsibility of each practitioner to practise only within the bounds of their own competence and any appropriate professional code of conduct.

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that I have read and understood the content of this Protocol and that I am willing and competent to work to it within my professional code of conduct. | | | |
| Name | Designation | Signature | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Person authorising on behalf of Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this Protocol. I give authorisation on behalf of **insert name of organisation**  for the above named health care professionals who have signed the Protocol to work under it. | | | |
| Name | Designation | Signature | Date |
|  |  |  |  |

**Note to person authorising on behalf of Provider**

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

**ANNEX B: Continued**

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this Protocol.

**ANNEX C: Clinical Supervision sheet**

**AstraZeneca COVID-19 Vaccine (ChAdOx1-S [Recombinant])** **Vaccine Protocol Protocol**

**Valid from: Expiry:**

This sheet must record the name of the clinical supervisor taking responsibility and all of the people working under different activity stages of the protocol.

Activity stages of the vaccination pathway under this protocol:

|  |  |  |
| --- | --- | --- |
| Stage 1 | 1. Assessment of the individual presenting for vaccination 2. Provide information and obtain informed consent 3. Provide advice to the individual | Registered Healthcare Professionals Only |
| Stage 2 | * Vaccine Preparation | Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff |
| Stage 3 | * Vaccine Administration | Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff |
| Stage 4 | * Record Keeping | Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff |

The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the protocol. Persons working under the protocol may be supported by additional registered healthcare professionals, but the clinical supervisor retains responsibility.

Before signing this Protocol, check that the document has had the necessary authorisations. Without these, this Protocol is not lawfully valid.

**ANNEX C: Continued**

**Clinical Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation | Signature | Date |
|  |  |  |  |

**Practitioner(s) and Activity Stages**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Activity Stage(s) | Signature | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Note to Clinical Supervisor**

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of clinical supervision arrangements for those working under this Protocol.