Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

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. Health professionals should always access the PGD via the PTHB internet to ensure that they are always working to the most up to date version

Patient Group Direction

for the administration of

Lidocaine hydrochloride injection

by registered physiotherapists

to adult patients requiring a local anaesthetic prior to a corticosteroid joint injection

or **for diagnostic purposes**

in

community hospitals or primary care settings

in Powys Teaching Health Board

Version number: PGD 0059 B

Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Powys Teaching Health Board is the operational name of Powys Teaching Health Board

Reference Number: PGD0059 B
Valid from: 06/03/2024
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Change history

Version number	Change details	Date
PGD0056	Initial version	01/04/2014
PGD0059_A	Review version	12/06/2019
PGD0059 B	Review version to include formatting and wording changes, updated as per current references, change to Appendix A	06/03/2024

This Powys Teaching Health Board (PTHB) PGD is based on a template developed on behalf of the Specialist Pharmacy Service (SPS) in September 2023.The relevant SPS template PGD was for the administration of lidocaine hydrochloride 1% injection to facilitate insertion and/or removal of subdermal etonogestrel (e.g. Nexplanon®) implant and it has been adapted for use in PTHB Physiotherapy services.

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	3/18/2024
Chief Pharmacist **Jacqui Seaton**	Chief Pharmacist for PTHB	DocuSigned by: Jacqui Seaton 71E8089DE3634C4...	3/6/2024
Senior representative of professional group using the PGD **Claire Madsen**	Executive Director of Therapies Health Science for PTHB	DocuSigned by: Claire Madsen 51D92655B6B7468...	3/7/2024
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	3/20/2024

Appendix A provides a practitioner accreditation sheet. Individual practitioners must be authorised by name to work to this PGD.

Those using this PGD must ensure that it is organisationally authorised and signed by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **The PGD is not legal or valid without signed authorisation in accordance with HMR2012 Schedule 16 Part 2.**

The final authorised copy of this PGD should be kept by PTHB for 8 years after the PGD expires. Provider organisations adopting authorised versions of this PGD should also retain copies for 8 years after the PGD expires.

[1] This includes any relevant amendments to legislation

1. Characteristics of staff

Qualifications and professional registration	Practitioners must only work under this PGD where they are competent to do so. Practitioners working under this PGD must also be a registered professional with the following body: • Physiotherapists currently registered with the Health and Care Professions Council (HCPC) and • have a diploma recognised by the Chartered Society of Physiotherapy or equivalent in injection therapy. The registered health professional should have a current contract of employment within Powys Teaching Health Board. Practitioners must also fulfil the Additional requirements listed below. Check Appendix A – Staff Accredited to use this Patient Group Direction to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.
Initial training and knowledge requirements	The registered healthcare professional authorised to operate under this PGD must have successfully completed appropriate education and training in: • The administration of lidocaine injection and knowledge of its uses, contraindications and adverse effects. The practitioner must also be alert to changes in the BNF and the SPC www.medicines.org.uk • The competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy. The practitioner must also work in conjunction with the "PTHB injection therapy protocol for physiotherapist undertaking soft tissue and joint injections". Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it • must have undertaken appropriate training for working under PGDs for administration of medicines • must be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions) • must have completed Patient Group Directions training-available via ESR or eLearning for Healthcare (e-LfH) • must have undertaken training appropriate to this PGD as required by local policy

	• must have undertaken and completed at least level 3 Safeguarding of Children, Young People and Vulnerable Adults - Training and Competency Passport, as applicable to the role • must be competent in the recognition, management and reporting of recognised adverse reactions, including anaphylaxis. Must be competent in the administration of adrenaline and have up to date Basic Life Support (BLS) skills. • must have access to the Patient Group Direction and associated online resources
	THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.
Competency assessment	• Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence in their Personal Appraisal and Development Review (PADR) to operate under this PGD. • Practitioners must recognise their own limitations and personal accountability and act accordingly. • Staff operating under this PGD are encouraged to review their competency using the NICE Competency framework for health professionals using patient group directions. • ESR evidence of Patient Group Directions training • At least Level 3 safeguarding passport • Evidence of training in basic life support and anaphylaxis
Ongoing training and competency	• Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required. Updating at least every 2 years on the use of PGDs and lidocaine injection. • Practitioners must ensure they are up to date with relevant clinical skills and management of anaphylaxis, BLS, with evidence of appropriate Continued Professional Development (CPD), which must be retained and made available on request. • Compliance with all mandatory NHS training. • Evidence of ongoing PGD training to be submitted to Line Manager annually. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this PGD.**

THE DECISION TO ADMINISTER ANY MEDICATION RESTS WITH THE INDIVIDUAL REGISTERED HEALTH PROFESSIONAL WHO MUST ABIDE BY THE PGD AND ANY ASSOCIATED ORGANISATIONAL POLICIES.

2. Clinical condition or situation to which this PGD applies.

Clinical condition or situation to which this PGD applies	**1.** Local anaesthetic injection in preparation for treatment of localised inflammatory conditions in adults requiring a glucocorticoid effect: e.g. anti-inflammatory or anti-rheumatic for local use as follows: ○ Intra-articular administration ▪ Rheumatoid arthritis ▪ Osteoarthritis with an inflammatory component ○ Peri-tendon injection /bursae injection ▪ Tendinopathy/ tenosynovitis (BUT NOT lateral epicondylitis) ▪ Bursitis This PGD should be used in conjunction with other Physiotherapist PGDs where appropriate. This PGD must also be used in conjunction with the "Injection Therapy Protocol for Physiotherapist Undertaking Soft Tissue and Joint Injections". **2.** Lidocaine Hydrochloride may be given in isolation for diagnostic purposes **It is the responsibility of the administering healthcare professional to ensure that the patient is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.**

Inclusion criteria	• Patients over 18 years old:
	  ○ Requiring local anaesthetic along with corticosteroid therapy for alleviating joint pain, swelling or stiffness associated with rheumatoid arthritis, osteoarthritis, bursitis or tendinopathy/ tenosynovitis (BUT NOT lateral epicondylitis). Patient presents with musculoskeletal conditions that are not responding to conservative treatment such as physiotherapy and/or simple oral analgesics and/or non-steroidal anti-inflammatory drugs.
	  OR
	  ○ Requiring lidocaine injection for diagnostic purposes
	• Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained prior to administration and recorded appropriately.
	Refer to PTHB Consent to Treatment and Examination Policy.
	The individual should be informed that they are being treated using a PGD.
	• Medical and drug history taken, no reason for exclusion.
	• In case of any doubt, contact medical team.
	NB Unless being used for diagnostic purposes, the individual must also be deemed suitable for administration of the corticosteroid injection using the appropriate PGD. Both PGDs must be checked to ensure patient is suitable and that no exclusions are present.
	
	Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed, where appropriate. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought (see below).
	
	NB. Resuscitation facilities must be available when administering lidocaine.

Exclusion criteria	• Conditions outside of the clinical situations criteria • Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "Action to be taken if patient is excluded or "Action to be taken if patient declines treatment". • Under 18 years of age • Have known hypersensitivity to lidocaine, other amide type anaesthetics, or to any other constituent of the product- see SPC • Where lidocaine is being used in preparation for a corticosteroid injection, exclusion from the corticosteroid PGD will result in exclusion from this lidocaine PGD. • Pregnant or breastfeeding • Infection or inflammation at the injection site, or systemic infection • Injections should not be performed during home visits • Individual currently receiving or has received a local anaesthetic within the previous 24 hours (e.g. for dental treatment), or individual is within one week of a planned surgical procedure • Lateral epicondylitis (tennis elbow) • History of recent trauma, adjacent osteomyelitis, unstable or prosthetic joints • Treatment of spinal conditions • Avascular areas • Patients with a shallow anterior chamber or a history of acute narrow angle glaucoma. • Not to be injected into the Achilles, Infrapatella or weight bearing tendons • Haemarthrosis • Suspicion of hereditary tendency to malignant hyperthermia **Cardiovascular disease**: • Complete heart block • Hypovolaemia • Severe or unstable heart conditions, e.g ADAMS-STOKES Syndrome, WOLFF-PARKINSON-WHITE Syndrome, reduced cardiac output, during the first three months after myocardial infarction, congestive heart failure, cardiac conduction disturbances, bradycardia **Other conditions:** • Porphyria **Interacting medications** – see current British National Formulary https://bnf.nice.org.uk/ or individual product SPC http://www.medicines.org.uk for a complete list. Examples include:

	• Anti-viral agents (e.g. atazanavir, darunavir, lopinavir) increase serum levels of lidocaine. • Fosamprenavir, ritonavir and nirmatrelvir • Mexiletine: increased risk of torsade de pointes

Cautions /reasons for seeking further advice from a prescriber	• Discuss with appropriate medical/independent non-medical prescriber any medical condition or drug interaction of which the healthcare professional is unsure or uncertain. • Patients with multiple complex pathologies, polypharmacy or with a history of drug allergies • Hepatic impairment • Severe renal impairment (CrCl or eGFR <10ml/min) • Hypokalaemia, hypoxia and disorders of acid-base balance should be corrected before treatment • Epilepsy • Patients with insufficient pupil dilation • Myasthenia gravis • Respiratory depression/impaired respiratory function • Shock • Severe hypotension (systolic blood pressure below 90 mm Hg) • Post cardiac surgery (consider lower dose) • Bleeding disorders or taking anticoagulation therapy or concurrent antiplatelets where bleeding risk may be increased • Psychogenic pain or anxious patient • Elderly and/or debilitated patients- consider dose reduction • Concurrent medication that may increase the risk of lidocaine toxicity- consult SPC www.medicines.org.uk for full list. Examples of medication that may increase the risks of lidocaine toxicity include beta-blockers, cobicistat, clarithromycin and erythromycin, and cimetidine (check SPC for full list and details) • Check all medications that the patient is taking, including topical or inhaled products, food supplements and herbal or homoeopathic products - refer to BNF and SPC for full list of other potential significant drug reactions. Examples include: phenytoin and fosphenytoin (predicted to decrease the exposure to lidocaine), propafenone (predicted to increase the risk of cardiodepression when given with Lidocaine), lidocaine is predicted to increase the effects of suxamethonium, ciprofloxacin slightly increases the exposure to Lidocaine. Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Consider discussing with GP. Any safeguarding concerns need to be directed to Safeguarding Hub:

	• to generic email address: PowysTHB.Safeguarding@wales.nhs.uk and • Central Safeguarding number: 01686 252806. • Out of hours: 0345 0544847 Advice can also be sought from local Safeguarding Leads.

Arrangements for referral for medical advice	• Refer to GP via the surgery or the emergency on-call service. Document advice given.
Action to be taken if patient excluded	• Explain the reasons for exclusion to the individual and document in the consultation record. • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options. • Record any action taken.
Action to be taken if patient declines treatment	• The patient information leaflet should be available to inform consent. • Explain consequences of refusing treatment. • Record reason for decline in the consultation record. Document advice given. • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about alternative treatment.

3. Details of Treatment

Name, form and strength of medicine	Lidocaine hydrochloride solution for injection: • 5 mg/ml (0.5%) • 10 mg/ml (1%) • 20 mg/ml (2%)
Legal category	POM Prescription only medicine
Off-label use	Yes – unlicensed routes of administration. Intra and peri articular injections are outside of the terms of the manufacturers license but are included in the Injection Therapy Protocol for Physiotherapist Undertaking Soft Tissue and Joint Injections, PHY005, January 2024. The injection of Lidocaine immediately prior to a corticosteroid injection is common practice. As well as providing anaesthetic pain relief, it is also suggested to reduce steroid induced tissue irritation and widen the field of steroid effect where larger volumes are required for a therapeutic effect. The diagnostic purpose is also an off-label use. Medicines 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 the local pharmacy or Medicines Management team must be consulted. Where medicines have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use, this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected medicines for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/ carer that the medicine is being offered in accordance with national guidance but that this is outside the product licence.

Route/method of administration	Injections are limited to peripheral intra-articular or peri-articular conditions of the upper and lower extremities only. **Must not be used by intrathecal or intravenous routes.** When required, Lidocaine should be administered prior to corticosteroid injection (see separate PGD). The drugs must be both prepared separately and administered sequentially using aseptic technique. **Lidocaine Injection must not be mixed with any other preparation, since to do so would create an unlicensed preparation which would invalidate the PGD.** Patient will be assessed at 5 minutes for local/systemic adverse reaction to the injection and/or bleeding. Patient will be asked to remain in the clinic for 20-30 minutes after the injection for ongoing observation. For single dose use only. If only part of an ampoule is used, discard the remaining solution. The injection should not be used if particles are present.
Dose and frequency	Dependent on condition or joint being injected: Use the lowest concentration and smallest dose to achieve the desired effect. Maximum volumes of lidocaine: • 0.5% = 20 ml • 1% = 10 ml • 2% = 5 ml When used in combination with corticosteroids, repeated injections may be given, if needed, at appropriate intervals, but no more than 3 injections may be given in one episode of care, depending on the degree of relief obtained from the initial injection. **An episode of care is defined as the period from referral/diagnosis through to the completion or last encounter related to that problem.** For injections into joints there should be a minimum interval of 3 months between injections and no more than 3 injections should be given in any one particular site, in one year. Where a tendon is involved, there should be no more than 2 injections over a 12 month period. Elderly or debilitated patients require smaller doses, commensurate with age and physical status.

Quantity to be administered	Single dose based on location and joint size as per doses above
Maximum or minimum treatment period	Single dose administrations in accordance with maximum volumes quoted above. The maximum number of injections per annual episode in the joint will be three with a recommended gap between injections of 3 months. There should be no more than 3 injections into the same joint over a 12-month period or no more than 2 where a tendon is involved.
Storage	Medicines must be stored securely according to national guidelines and in accordance with the product SPC. Store in a locked medicines cupboard.
Drug interactions	**All concurrent medications, including those purchased, must be checked for interactions.** A detailed list of drug interactions is available in the individual product SPC, available from the electronic Medicines Compendium website http://www.medicines.org.uk and the BNF https://bnf.nice.org.uk. Where a clinically significant interaction is identified discuss with appropriate prescriber and document advice given. Also see exclusion criteria and cautions.

Identification and management of adverse reactions	This list is not exhaustive, the detailed list of adverse reactions should be referred to in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF https://bnf.nice.org.uk. Report any suspected adverse reactions to the patients' doctor. Undesirable effects may be minimised by using the lowest effective dose for the minimum period. Hypersensitivity reactions (allergic or anaphylactoid reactions, anaphylactic shock): In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use: Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone. In the case of anaphylaxis: • Refer to adrenaline (epinephrine) PGD and anaphylaxis policy • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E • Ensure reaction is fully documented in individual's notes • Ensure all individual's records are marked **ALLERGIC TO Lidocaine injection** • The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers Report via Once for Wales Reporting System Adverse effects are rare and usually a sign of accidental intravascular injection, excessive dosage or rapid absorption from highly vascular areas, or may result from a hypersensitivity, idiosyncrasy or diminished tolerance on the part of the patient. Systemic toxicity mainly involves the central nervous system and/or the cardiovascular system. Monitor individual for signs of: • Confusion • Respiratory depression • Convulsions • Hypotension • Bradycardia • Dizziness If overdose or severe adverse reaction suspected immediately contact doctor or refer to A&E. The most common adverse effect with intra-articular or other local injections is a temporary local exacerbation with increased pain and swelling. Normally, this subsides after a few hours.

Reporting procedure for adverse reactions	Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme at: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults or all suspected adverse reactions in children that may be attributable to the medication should be reported. Guidance on the yellow card system is available at the back of the BNF or using the above link. Record all adverse drug reactions (ADRs) in the patient's medical record and report any suspected adverse reactions to a doctor. All significant adverse drug reactions and any administration errors must be recorded via the Once for Wales Reporting System.

Records to be kept	Record consultation details as required by local procedures. In addition, record: • That valid informed patient consent to treatment was obtained or a decision to treat was made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent, if appropriate. • Name of individual, address, date of birth • GP contact details where appropriate • Relevant past and present medical history, including medication history and family history. • Examination finding/s where relevant. • Any reasons for exclusion, decline or referral, including actions taken and advice given. • Any referral and follow-up arrangements made • Any known allergies or previous adverse events and nature of reaction. For administration, record: • Date and time of administration • Detail name of the medication, form, strength, injection site, route, and volume of medication administered • Product name, manufacturer, batch number(s), and expiry date • Name and signature of registered health professional responsible for administration • Details of any adverse reactions and actions taken. • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Any advice received from medical cover and advice given to patient / carer. • Any administration outside the marketing authorisation. • Record that medication was administered via Patient Group Direction (PGD), record PGD title and version number Records should be signed and dated (or a password-controlled e-records) and securely kept for a defined period in line with local policy. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

4. Patient information

Written/verbal information to be given to patient or carer	• Provide patient information leaflet (PIL) supplied with the product. Explain contraindications and cautions as documented in the patient information leaflet. • If the patient experiences blurred vision, twitching muscles or dizziness they should report them to the healthcare professional, as they may progress to more serious complications. • If the patient is dizzy or drowsy, they should not drive or operate machinery. • Patient to remain seated in waiting area for 20-30 minutes post injection in case of adverse event • Patients should be given post-injection advice regarding care of injection site, monitoring for infection, what to do if signs of infection appear, activity levels and a follow-up appointment. • The clinician must use clinical reasoning to provide appropriate advice about activity specific to the patient.
Follow-up advice to be given to patient or carer	• Inform individual of possible side effects and their management. • If the patient is dizzy or drowsy then they should not drive or operate machinery until full sensation returns. • Numbness may last up to 4 hours. • Advise patient/carer to seek medical advice immediately if the individual has any unexpected reaction or other cause for concern. Contact GP via surgery or emergency on-call service. • Patient will be booked for a follow up face-to-face review appointment with the physiotherapist and offered an optional telephone review in 1-2 weeks after the injection.

Key references

- Electronic Medicines Compendium www.medicines.org.uk
- Electronic BNF https://bnf.nice.org.uk/ Accessed 22/11/23
- Injection Techniques in Musculoskeletal medicine - Saunders & Longworth 2019.
- Saunders S (2002) Injection Techniques
- CSP (2001) Guidelines for Injection Therapy by Physiotherapists
- CSP (2016) Medicines with Injection Therapy in physiotherapy service
- CSP (2010) Medicines Prescribing and Physiotherapy (2nd Edition)
- CSP (2016) Medicines Prescribing and Physiotherapy (4th Edition)
- CSP (2021) Medicines use in physiotherapy practice (5th edition)
- CSP (2010) Use of Medicines in Physiotherapy Injection-Therapy in NHS Settings (3rd Edition)
- CSP (2016) Use of Medicines in Physiotherapy Injection-Therapy in NHS Settings (5th Edition)
- CSP (2009) Updated July 2010 – A Clinical Guideline for Use of Injection Therapy by Physiotherapists
- CSP (2010) Use of Medicines in Physiotherapy Injection-Therapy in NHS Settings (3rd Edition)
- NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2

Appendix A Staff accredited to use this Patient Group Direction

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the PGD to work under it.
The authorising manager must use the competency checklist (below).

Practitioner: By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Printed name of health professional	Signature of health professional	Printed name of senior representative authorising health professional	Signature of senior representative authorising health professional	Date

The authorising manager should retain a copy of the list and a copy must be sent to the Medicines Management Team, PTHB, Bronllys Hospital, Powys LD3 0LU for audit purposes. This list should be kept by PTHB or provider organisations adopting authorised versions of this PGD for 8 years after the PGD expires.

The healthcare professional should retain a copy of the document after signing.

Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Patient Group Direction (PGD). Review of authorisation will take place on each PGD update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Further training identified (Y/N) Specify in " comments "	Comments
1	The PGD sign off is for the following PGD:(document the exact title and PGD number) _____			
2	We have discussed the expiry of the PGD and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the PGD			
4	The Patient Group Direction has been read in full by the staff member			
5	The identified training has been completed as specified in the PGD and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual's line manager and to the staff member, in conjunction with the PGD Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.