Insert logo of [authorising body](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#terms-used-in-the-guideline)

**Protocol for the supply of topical hydrogen peroxide 1% cream (e.g. Crystacide® 1% cream) for the treatment of localised non-bullous impetigo in location/service/organisation**

Version Number 1.0

|  |  |
| --- | --- |
| **Change History** | |
| **Version and Date** | **Change details** |
| Version 1.0  February 2024 | New template |

This protocol template has been developed by the national skin antimicrobial PGD Short Life Working Group in accordance with their Terms of Reference. It has been reviewed by The Advisory Committee on Antimicrobial Prescribing, Resistance and Healthcare Associated Infection (APRHAI) to the Department of Health and Social Care (England) in November 2023.

For advice on protocol use in practice/advised supporting governance please refer to [When Patient Group Directions are not required](https://www.sps.nhs.uk/articles/when-patient-group-directions-are-not-required/) and [About the SPS Medicines Governance Do Once Programme](https://www.sps.nhs.uk/articles/about-the-sps-medicines-governance-do-once-programme/).

Organisations should link to local infection control/PPE guidance relevant to the use of this product.

Each organisation using this protocol must ensure that it is appropriately reviewed and approved for use in line with the organisations’ governance system.

**Protocol development group**

|  |  |
| --- | --- |
| **Name** | **Designation** |
| Dr Diane Ashiru-Oredope | Lead Pharmacist, HCAI, Fungal, AMR, AMU & Sepsis Division, UK Health Security Agency |
| Dr Imran Jawaid | GP and RCGP AMR representative |
| Dr Jeeves Wijesuriya | GP and Clinical Advisor to NHS England Primary Care Team and Vaccination and Screening Team |
| Dr Naomi Fleming\* | NHS England Regional Antimicrobial Stewardship lead for the East of England region |
| Jackie Lamberty | Medicines Governance Consultant Lead Pharmacist, UK Health Security Agency |
| Jo Jenkins | Lead Pharmacist Patient Group Directions and Medicines Mechanisms, Medicines Use and Safety Division, Specialist Pharmacy Service |
| Liz Cross | Advanced Nurse Practitioner QN |
| Dr Martin Williams | Consultant in Microbiology and Infectious Diseases |
| Dr Matthew Scorer | Consultant Dermatologist |
| Dr Michelle Toleman | Consultant Microbiologist |
| Temitope Odetunde | Head of Medicines Management |
| Kieran Reynolds (SLWG co-ordinator)\* | Specialist Pharmacist – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service |
| Nigel Gooding | Consultant Paediatric Pharmacist. Neonatal and Paediatric Pharmacist Group (NPPG) representative. |
| Dr Stephanie Gallard | GP (Dermatology Special Interest) |
| Rob Hebdon | National Pharmacy Integration Lead  Primary Care, Community Services and Strategy Directorate, NHS England |

\*Core group members

|  |  |
| --- | --- |
| **1. Staff competencies** | |
| **Authorised staff** | Current contract of employment within a Local Authority or NHS commissioned service or an NHS Trust/organisation **AND** a registered pharmacist working in a registered pharmacy premises. |
| **Additional requirements** | ***Initial training:***  The registered pharmacist authorised to operate under this protocol must have:   * Undertaken appropriate training and successfully achieved competency to undertake clinical assessment of individuals leading to diagnosis of the conditions listed. * Recommended training includes:   + [DermNet impetigo resources](https://dermnetnz.org/topics/impetigo) (including images)   + [Primary Care Dermatology Society impetigo resources](https://www.pcds.org.uk/clinical-guidance/impetigo)   (including images)   * + [CPPE Dermatology: An introduction to managing common skin conditions](https://www.cppe.ac.uk/programmes/l/dermatology-e-01) resources (registration required; free for registered pharmacists)   + [Black & Brown skin resources](https://www.blackandbrownskin.co.uk/campaigns) (including images on diverse skin tones)   + [Clinical examination skills training for community pharmacists](https://www.cliniskills.com/) ([registration required](https://www.cliniskills.com/community-pharmacists/); available for community pharmacists only) * Individual organisations should determine minimum education and training requirements for practitioners to competently diagnose and treat under this protocol. * Individuals operating under this protocol must be familiar with the product and alert to changes in the [Summary of Product Characteristics](https://www.medicines.org.uk/emc) (SPC). * Individuals operating under this protocol must have access to the protocol and associated online resources. * Undertaken appropriate training and successfully achieved competency for the identification of sepsis which includes:   + [CPPE Sepsis e-learning programme](https://www.cppe.ac.uk/gateway/sepsis) (registration required; free for registered pharmacists)   + [eLfH Sepsis e-learning programme](https://portal.e-lfh.org.uk/Component/Details/432415) (registration required)   + [The UK Sepsis Trust e-learning programme](https://sepsistrust.org/professional-resources/sepsis-e-learning/) (*note: this is not a free resource*) * Completed locally required training (including updates) in safeguarding vulnerable adults and children.   ***Competency assessment:***   * Individuals operating under this protocol must be assessed as competent or complete a self-declaration of competence to operate under this protocol (see an example authorisation record sheet in Appendix A). * Individuals operating under this protocol should follow the national guidance for the [diagnosis](https://cks.nice.org.uk/topics/impetigo/diagnosis/diagnosis/) (NICE CKS) and [management](https://www.nice.org.uk/guidance/ng153/) (NICE) of impetigo in the UK.   ***Ongoing training and competency:***   * Individuals operating under this protocol are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the protocol - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the protocol and further training provided as required. * Organisational protocol and/or medication training as required by employing Trust/organisation. |
| The decision to supply any medication rests with the individual registered pharmacist who must abide by the protocol and any associated organisational policies. | |

|  |  |
| --- | --- |
| **2. Clinical condition or situation to which this protocol applies** | |
| **Clinical condition or situation to which this protocol applies** | Localised non-bullous impetigo in children over 1 year and adults who are systemically well and not at high risk of complications. |
| **Criteria for inclusion** | * Informed consent * Individuals aged 1 year and over * Signs and symptoms of impetigo using the appropriate [diagnostic](https://cks.nice.org.uk/topics/impetigo/diagnosis/diagnosis/) (NICE CKS) guidance. * Localised (3 or fewer lesions/clusters present) non-bullous impetigo |
| **Criteria for exclusion** | * Consent refused and documented in the individual’s clinical notes * Individuals under 1 year of age * Pregnancy or suspected pregnancy in individuals under 16 years of age * Currently breastfeeding with impetigo lesion(s) present on the breast (see [Cautions](#cautions) for advice when treating impetigo lesion(s) not on the breast(s) in breastfeeding individuals) * Severely immunosuppressed individuals as defined in [Chapter 28a Green book](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1012943/Green_book_of_immunisation_28a_Shingles.pdf):   ***Individuals with primary or acquired immunodeficiency states due to conditions including:***   * + *acute and chronic leukaemias, and clinically aggressive lymphomas (including Hodgkin’s lymphoma) who are less than 12 months since achieving cure*   + *individuals under follow up for a chronic lymphoproliferative disorders including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma, Waldenstrom’s macroglobulinemia and other plasma cell dyscrasias (N.B: this list not exhaustive)*   + *immunosuppression due to HIV/AIDS with a current CD4 count of below 200 cells/μl.*   + *primary or acquired cellular and combined immune deficiencies – those with lymphopaenia (<1,000 lymphocytes/ul) or with a functional lymphocyte disorder*   + *those who have received an allogeneic (cells from a donor) or an autologous (using their own cells) stem cell transplant in the previous 24 months*   + *those who have received a stem cell transplant more than 24 months ago but have ongoing immunosuppression or graft versus host disease (GVHD)*   ***Individuals on immunosuppressive or immunomodulating therapy including:***   * + *those who are receiving or have received in the past 6 months immunosuppressive chemotherapy or radiotherapy for any indication*   + *those who are receiving or have received in the previous 6 months immunosuppressive therapy for a solid organ transplant*   + *those who are receiving or have received in the previous 3 months targeted therapy for autoimmune disease, such as JAK inhibitors or biologic immune modulators including B-cell targeted therapies (including rituximab but for which a 6 month period should be considered immunosuppressive), monoclonal tumor necrosis factor inhibitors (TNFi), T-cell co-stimulation modulators, soluble TNF receptors, interleukin (IL)-6 receptor inhibitors., IL-17 inhibitors, IL 12/23 inhibitors, IL 23 inhibitors (N.B: this list is not exhaustive)*   ***Individuals with chronic immune mediated inflammatory disease who are receiving or have received immunosuppressive therapy***   * + *moderate to high dose corticosteroids (equivalent ≥20mg prednisolone per day) for more than 10 days in the previous month*   + *long term moderate dose corticosteroids (equivalent to ≥10mg prednisolone per day for more than 4 weeks) in the previous 3 months*   + *any non-biological oral immune modulating drugs e.g. methotrexate >20mg per week (oral and subcutaneous), azathioprine >3.0mg/kg/day; 6-mercaptopurine >1.5mg/kg/day, mycophenolate >1g/day) in the previous 3 months*   + *certain combination therapies at individual doses lower than stated above, including those on ≥7.5mg prednisolone per day in combination with other immunosuppressants (other than hydroxychloroquine or sulfasalazine) and those receiving methotrexate (any dose) with leflunomide in the previous 3 months*   ***Individuals who have received a short course of high dose steroids (equivalent >40mg prednisolone per day for more than a week) for any reason in the previous month.***   * Immunosuppressed individuals: individuals who are immunosuppressed or are currently taking immunosuppressants (including systemic corticosteroids \*) or immune modulators, but who do not meet the definition of severe immunosuppression (see above). [For equivalent doses in children, see [Chapter 6 Green Book](https://assets.publishing.service.gov.uk/media/5a82ce28e5274a2e8ab5970f/Greenbook_chapter_6.pdf)]   \* does not include:   * + replacement corticosteroids for individuals with adrenal insufficiency   + corticosteroid inhalers or corticosteroids applied topically (e.g. to the skin, ears, eyes, nasal cavity)   + intra-articular, -bursal or -tendon corticosteroid injections. * Hypersensitivity to hydrogen peroxide or any of the components within the formulation - see [Summary of Product Characteristics.](https://products.mhra.gov.uk/) **Acceptable sources of allergy information include individual/carer/parent/guardian or National Care Record**. * Failed previous topical or oral treatment (including antimicrobials) for this episode of impetigo * Recurrent impetigo (defined as 2 or more episodes in the same year) * Currently active underlying skin condition (e.g. currently uncontrolled episode of [eczema](https://www.nhs.uk/conditions/atopic-eczema/) (atopic dermatitis) or [contact dermatitis](https://www.nhs.uk/conditions/contact-dermatitis/), or current episode of [scabies](https://www.nhs.uk/conditions/scabies/), [chickenpox](https://www.nhs.uk/conditions/chickenpox/) or [eczema herpeticum](https://www.bad.org.uk/pils/eczema-herpeticum/)) * Any open wounds affecting the application area or the immediate vicinity * Widespread (4 or more lesions/clusters present) non-bullous impetigo * Bullous impetigo (characterised by flaccid fluid-filled vesicles and blisters (often with a diameter of 1-2cm) which can persist for 2-3 days. Lesions rupture, leaving a thin, flat, yellow-brown crust). * Systemically unwell * Signs/symptoms of a more serious condition/illness (e.g. swelling, large blisters, pain, pus or spreading redness) * Any individual identified with symptoms of [severe/life-threatening infection or systemic sepsis](https://www.nhs.uk/conditions/sepsis/): refer urgently via ambulance * Impetigo near the eyes: hydrogen peroxide can be irritant * Individuals using topical iodine, permanganates or other strong oxidising agents. |
| **Cautions including any relevant action to be taken** | **Breastfeeding individuals:** avoid direct contact between infant and impetigo lesion(s). Wash hands after applying hydrogen peroxide 1% cream and before touching the infant.  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*  **Cautions:**  Hydrogen peroxide cream can be irritant. A mild sensation of burning may be experienced for a short time after application and this is normal. |
| **Specific information for suspected infection to be provided** | [Provide information on impetigo](https://www.bad.org.uk/pils/impetigo/) (British Association of Dermatologists)  [Provide information on impetigo](https://www.nhs.uk/conditions/impetigo/) (NHS) |
| **Action to be taken if the individual is excluded** | * Record reasons for exclusion in the appropriate clinical record   **Individuals where treatment is not indicated:**   * Provide individual/carer/parent/guardian with[information on impetigo](https://www.nhs.uk/conditions/impetigo/) and safety netting advice. * Advise individual/carer/parent guardian to seek medical advice if:   + Symptoms worsen rapidly or   + Symptoms worsen significantly   **Refer to a local health protection team (or a consultant in Communicable Disease Control) for further assessment if:**   * Suspect a significant local outbreak (e.g. in a nursing home, crèche, school etc.)   **Refer urgently to a prescriber for further assessment if:**   * Bullous impetigo (characterised by flaccid fluid-filled vesicles and blisters (often with a diameter of 1-2cm) which can persist for 2-3 days. Lesions rupture, leaving a thin, flat, yellow-brown crust) * Individual is systemically unwell, but not showing signs or symptoms of [sepsis](https://www.nhs.uk/conditions/sepsis/) * Individuals considered to be clinically at high risk of complications (e.g. severely immunosuppressed or immunosuppressed and infection is localised) * Recurrent impetigo (defined as 2 or more episodes in the same year) * Individuals where treatment under this protocol is not indicated/permitted but dermatological symptoms are present and require further assessment   **Refer urgently to A&E for further assessment if:**   * Individual is severely immunosuppressed or immunosuppressed and infection is widespread * Signs/symptoms of a more serious condition/illness (e.g. swelling, large blisters, pain, pus or spreading redness) are present and [complications of impetigo](https://cks.nice.org.uk/topics/impetigo/background-information/complications/) (e.g. cellulitis, Staphylococcal scalded skin syndrome, or other deep soft tissue infection) are suspected.   **If** [**sepsis**](https://www.nhs.uk/conditions/sepsis/) **is suspected refer the individual urgently to A&E** |
| **Action to be taken if individual/carer/parent/guardian declines treatment** | * Document advice given. * Provide safety netting advice and advise individual/carer/parent/guardian on alternative treatment available using [information on impetigo.](https://www.nhs.uk/conditions/impetigo/) * Refer to a prescriber if appropriate. |
| **Arrangements for referral for medical advice** | * Refer to the appropriate medical practitioner in the care pathway |

|  |  |
| --- | --- |
| **3. Description of treatment** | |
| **Name, strength & formulation of drug** | Hydrogen peroxide 1% (10mg/1g) cream (e.g. Crystacide® 1% cream) |
| **Legal category** | P |
| **Route/method of administration** | Topical (cutaneous application) to the affected area(s) of the skin. |
| **Indicate any off-label use**  **(if relevant)** | Hydrogen peroxide 1% cream is not licensed for individuals aged 1 year or 12 - 17 years, but use in these age groups is supported by [NICE guidance](https://www.nice.org.uk/guidance/ng153/resources/impetigo-antimicrobial-prescribing-pdf-66141838603717).  **Temperature variations**  Medicines should be stored according to the conditions detailed in the [Storage](#Storage) section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the pharmacist must ensure the medicine remains pharmaceutically stable and appropriate for use if it is to be issued.  Where medicines have been assessed by a pharmacist in accordance with national or specific product recommendations/manufacturer advice 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 the pharmacist.  Where a drug is recommended off-label consider, as part of the consent process, informing the individual/carer/parent/guardian that the drug is being offered in accordance with national guidance but that this is outside the product licence. |
| **Dose and frequency of administration** | **Children 1 year and over and adults:**  Apply a thin layer to the affected area(s) up to 3 times a day  Use enough of the cream to cover the lesion(s) with a thin layer of cream.  A dry film will appear on the skin after each application, this can be washed off with water. Hands should be washed after this also. |
| **Duration of treatment** | 5 days  **Treatment should be started immediately and 5 days of treatment completed.** |
| **Quantity to be supplied** | **Children 1 year and over and adults:**  Appropriately labelled tube of 25g cream.  (The 40g tube may be supplied, only if the 25g tube is unavailable). |
| **Storage** | Stock must be securely stored according to organisation medicines policy and in conditions in line with SPC, which is available from the MHRA website: <https://products.mhra.gov.uk/> |
| **Drug interactions** | Hydrogen peroxide 1% cream is incompatible with topical iodine, permanganates and other stronger oxidising agents.  Due to the external administration of the product and application of the active ingredients at a low dose, systemic absorption is very unlikely. Therefore, no clinically significant interactions are expected. |
| **Identification & management of adverse reactions** | A detailed list of adverse reactions is available in the SPC, which is available from the MHRA website: <https://products.mhra.gov.uk/>  The following side effect is listed in the product SPC for topical hydrogen peroxide cream (but may not reflect all reported side effects):   * + Paraesthesia (mild sensation of burning), which may be experienced for a short time after application.   See [Cautions](#cautions) for further information.  In the event of a severe adverse reaction, the individual must be advised to stop treatment immediately and seek urgent medical advice. |
| **Management of and reporting procedure for adverse reactions** | * Healthcare professionals and individuals/carers/parents/guardians 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> * Record all adverse drug reactions (ADRs) in the individual’s clinical record. * If documenting an ADR in the individual’s patient medication record (PMR), the individual’s GP should be notified also. * Report via organization incident policy. |
| **Written information to be given to individual/carer/parent/guardian** | * Provide marketing authorisation holder's information leaflet (PIL) provided with the product (there is also a useful patient information leaflet provided by [PrescQIPP](https://www.prescqipp.info/our-resources/webkits/antimicrobial-stewardship/#acc230): registration required). * [Signpost](https://www.nhs.uk/conditions/impetigo/) individual/carer/parent/guardian to information re: transmission and the importance of good hygiene to prevent onward transmission * Give any additional information in accordance with the local service specification. |
| **Individual advice / follow up treatment** | * Explain the dose, frequency and method of administration. * The individual/carer/parent/guardian should be advised to read the PIL (there is also a useful patient information leaflet provided by [PrescQIPP](https://www.prescqipp.info/our-resources/webkits/antimicrobial-stewardship/#acc230): registration required). * Avoid contact with eyes: wash immediately with plenty of clean, cold water if comes into contact with eyes. * Hydrogen peroxide cream contains potential skin irritants: * Salicylic acid: a mild irritant which can cause dermatitis, * Propylene glycol: can also cause skin irritation. * Hydrogen peroxide cream can bleach fabric. Avoid contact with fabric. * Only apply to the affected area(s) and do not apply to large or deep wounds or to healthy skin. * Advise individual/carer/parent/guardian to seek medical advice if their impetigo has not improved after completion of treatment course or is getting worse (e.g. is becoming more widespread), or symptoms worsen rapidly or significantly at any time. * Advise individual/carer/parent/guardian to seek immediate medical attention (by calling 999 or going to A&E) if the individual develops [signs or symptoms of sepsis](https://www.nhs.uk/conditions/sepsis/). * Inform individual/carer/parent/guardian of possible side effects and their management. A mild sensation of burning may be experienced for a short time after application and this is normal. * Advise individual/carer/parent/guardian to apply the medication at regular intervals and to finish the course. * The individual/carer/parent/guardian should be advised to seek medical advice in the event of an adverse reaction or if any other new symptoms develop. * Individual/carer/parent/guardian should be advised of the following (to be determined locally if this information is provided in a written format to individual/carer/parent/guardian):   + Impetigo is contagious and transmission occurs directly through close contact with an infected individual or indirectly via contaminated objects (e.g. toys, clothing, or towels).   + Individuals, and if appropriate their family and carers/guardians, should be advised on good hygiene measures to reduce the spread of impetigo to other body areas and to other people.   + To help stop impetigo spreading or getting worse (while it’s still contagious), the following advice can be given to affected people:     - Stay away from school or work (inform school or nursery of infection) until the individual is no longer contagious. Individuals are no longer contagious 48 hours after treatment has started OR when the lesions are healed, dry and crusted if no treatment is provided.     - **Food handlers are required by law to inform employers immediately if they have impetigo**     - Wash hands with soap and warm water before and after applying the cream     - Wash flannels, sheets and towels at a high temperature     - Wash or wipe down toys with detergent and warm water. * If an application is missed, advise to refer to PIL supplied with the product. * Advise individual/carer/parent/guardian to complete the full course even if symptoms improve. * Advise individual/carer/parent/guardian to return any unused medicines to a pharmacy for disposal (dispose of tube 28 days after opening): do not dispose of medicines in the bin, down the sink or toilet. |
| **Records** | Appropriate records must include the following:   * + - * That valid informed consent has been given       * Individual’s name, address and date of birth       * Name of GP individual is registered with or record where an individual is not registered with a GP       * Name of registered pharmacist operating under the protocol       * Specify how the individual has/has not met the criteria of the protocol       * Relevant past and present medical history and medication history       * Name/dose/form/quantity of medicine supplied       * Date and time of supply       * Documentation of cautions as appropriate       * Advice given if individual excluded or declines treatment       * Details of any ADRs/allergy status and actions taken       * The supply must be entered in the Patient Medication Record (PMR)       * That supply was made under a protocol       * Any safety incidents, such as medication errors, near misses and suspected adverse events       * Any additional requirements in accordance with the service specification       * GP to be notified within XXX of supply via usual communication channels (to be locally adapted depending on location of protocol use/local agreements etc)       * All records should be kept in line with [national guidance](https://transform.england.nhs.uk/information-governance/guidance/records-management-code/). This includes individual data, master copies of the protocol and lists of authorised practitioners.   **Records must be signed and dated (or a password controlled e-records).**  **All records must be clear, legible and contemporaneous.**  **A record of all individuals receiving treatment under this protocol should also be kept for audit purposes in accordance with local policy.**  Aspects of the service to be audited should include (but are not limited to):   * The volume of individuals assessed using the protocol * The population demographics of individuals using the service. * The volume supplied medication via protocol * The volume receiving patient information * Individual outcome at day X as per service specification * The number of escalations to other clinicians * Any reported clinical incidents and the findings from their subsequent investigation. * The types and effectiveness of secure digital referral routes deployed. * Impact on health inequalities (linking to post codes of those diagnosed) * Service user experience / satisfaction * Operational efficiency and identified issues with the running of the service, which may prompt changes to its design/future development * The cost of implementation including time and resource(s) required.   Impact on antibiotic use |
| **Key references (last accessed November 2023)** | * British Association of Dermatologists. Impetigo Patient Information Leaflet (PIL). <https://www.bad.org.uk/pils/impetigo/> * Medicines and Healthcare products Regulatory Agency <https://products.mhra.gov.uk/> * Electronic BNF <https://bnf.nice.org.uk/> * Electronic BNF for children <https://bnfc.nice.org.uk/> * Reference guide to consent for examination or treatment <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf> * Reig Jofre UK Limited. Crystacide 1% cream. Summary of Product Characteristics. Medicines and Healthcare products Regulatory Agency. <https://mhraproductsprod.blob.core.windows.net/docs-20200302/1604b32f4102b7c93966dea922fd4f77b1e8fdfc> Accessed: 28th June 2023 * NICE Medicines practice guideline “Patient Group Directions” <https://www.nice.org.uk/guidance/mpg2> * National Health Service. Impetigo. <https://www.nhs.uk/conditions/impetigo/> * National Institute of Health and Clinical Excellence Clinical Knowledge Summary. Impetigo. <https://cks.nice.org.uk/topics/impetigo/> * National Institute of Health and Clinical Excellence guideline 153 (NG153). Impetigo: antimicrobial prescribing, <https://www.nice.org.uk/guidance/ng153> * UK Sepsis Trust. Sepsis e-learning resources. <https://sepsistrust.org/professional-resources/sepsis-e-learning/> * Loadsman MEN, Verheji TJM, van der Velden AW. (Aug 2019) Impetigo incidence and treatment: a retrospective study of Dutch routine primary care data*. Family Practice.* Vol 36: 4: 410–16. <https://doi.org/10.1093/fampra/cmy104> |

**Appendix A – example registered pharmacist authorisation sheet (example – local versions/electronic systems may be used)**

**Protocol Name/Version Valid from: Expiry:**

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

**Registered pharmacist**

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 pharmacist 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 protocol and that I am willing and competent to work to it within my professional code of conduct.** | | | |
| **Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Authorising manager**

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that the registered pharmacists 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 pharmacists who have signed the protocol to work under it.** | | | |
| **Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |

**Note to authorising manager**

Score through unused rows in the list of registered pharmacists to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered pharmacists authorised to work under this protocol.

Add details on how this information is to be retained according to organisation protocol policy.