**Nurse Delegated Emergency Care**

**Implementation Team**

**Agenda**

Click here to select meeting date

Enter meeting location

Enter meeting time

Enter teleconference details if requried

Chair: Minutes:

1. Attendance / apologies
2. Confirmation of previous minutes
3. Action items for follow-up
4. For discussion
5. Other / new business

\*denotes attachment linked to agenda item

Attendance / apologies

Enter contact details of person collecting attendance / apologies

*Appendix 1: Meeting attendance Register*

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| **First Name** | **Last Name** | **Position** | **Department / Organisation** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |
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Key: P= present; T= teleconfrence; A = apology; Ab = absent