**Covid-19 Vaccination Guidance:**

 **Consent in Care Homes in Scotland**

**For Care Home Managers**

The purpose of this guidance for Care Home Managers is to:

* Support gaining of consent for Covid-19 vaccinations

Before administering the Covid-19 vaccine, it is the responsibility of immunisers to ensure that informed consent has been obtained from the patient by a Registered Practitioner, or that a decision has been made that the intervention will benefit the patient if the patient does not have mental capacity to consent at the time of vaccination. If the resident does not have capacity an assessment will require to be made in line with the Adults with Incapacity (Scotland) Act 2000 and a Section 47 Certificate completed. Further information on can be found in the **Green Book Chapter on consent** [Green Book: Chapter 2 Consent (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144250/Green-Book-Chapter-2-Consent-PDF-77K.pdf) and **Section 47 Certificate of Capacity**

<https://www.gov.scot/publications/section-47-certificate/>

**Section 47 : Certificate of Incapacity**

The advice below has been provided by the Mental Welfare Commission:

“There is a legal argument that a Section 47 certificate containing general wording to cover all medical treatment would be able to cover the Covid vaccine. The Mental Welfare Commission position is that a valid section 47 certificate that notes this, or the term “fundamental healthcare procedures”, would cover Covid vaccine. Although the code of practice description of fundamental healthcare procedures does not include vaccinations, it is the Commission’s view that, in the context of a pandemic, vaccination can be viewed as fundamental. Best practice would be for the certificate to be written in line with the code of practice and specify Covid vaccination, but this is not required in the current pandemic situation.”

**Consent Forms**

In Scotland written consent forms for vaccination are not a legal requirement and you should refer to the Green Book Chapter on Consent for more information: [Green Book: Chapter 2 Consent (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144250/Green-Book-Chapter-2-Consent-PDF-77K.pdf)

NHS Boards and Care Homes should utilise existing mechanisms and processes for obtaining consent using, Public Health Scotland information materials to support this:

<https://www.publichealthscotland.scot/downloads/care-home-covid-19-resources/>.

It is recognised that vaccines for Covid-19 are new, and have been brought for use during a Global Pandemic. In addition the scale of the vaccination programme is significantly larger than anything undertaken before. Therefore, in order to further support existing consent processes and mechanisms, a template Covid-19 consent form is made available in Appendix A of this guidance. The use of this template is not mandatory. NHS Boards have established processes in place for producing consent forms and these should be utilised.

**NB.** **If NHS Boards proceed to utilise this template they will require to adapt it to include additional detail for specific vaccines. For example any MHRA guidance on managing allergic reactions and information about pregnancy, planning a pregnancy and breastfeeding.**

**Consent Principles**

* NHS Boards should ensure care home staff are provided with written materials produced by Public Health Scotland in a format that is accessible to them in advance of vaccination team attending the care home to support informed decision making by residents.
* NHS Boards should provide consent forms to enable Care Home Managers to have these completed prior to the vaccination programme commencing
* Care Home Managers should ensure written materials produced by Public Health Scotland are provided to residents who have capacity or their appointed power of attorney or welfare guardian for those who do not have capacity. This should be in a format that is accessible to them in advance of their vaccination appointment.
* For residents who lack capacity, if practical, Care Home managers should ensure staff contact the residents next of kin or welfare power of attorney to make them aware of the vaccination visit and the intention to vaccinate the resident. If this conversation takes place it should be recorded to so that the vaccination team can see it when they visit
* Care Home Managers should ensure consent decisions for residents are documented and inform local vaccination team of the number of vaccines required for residents and staff in advance of the planned vaccination session.
* Care Home Managers should identify residents who are unable to make informed consent and who require to have an assessment of capacity in line with the Adults with Incapacity (Scotland) Act 2000 to ensure a valid section 47 certificate is in place to enable vaccination to be administered.
* Care Home Managers should ensure consent decisions for residents are documented and inform the local vaccination team of number of vaccines required for residents and staff in advance of the planned vaccination session.

**Appendix A: Template Consent Form**

**COVID-19 Vaccination Programme - Guidance for informed consent**

We recommend using existing local processes and forms for informed consent purposes, in conjunction with the Public Health Scotland information materials.

Resources to support informed consent for Care Home residents and staff are available at: [www.publichealthscotland.scot/covidvaccinecarehome](http://www.publichealthscotland.scot/covidvaccinecarehome)

If existing forms need to be adapted, or new forms created, we suggest that the following sections may be helpful.

**NB.** **If NHS Boards proceed to utilise this template they will require to adapt it to include additional detail for specific vaccines.  For example any MHRA guidance on managing allergic reactions and information about pregnancy, planning a pregnancy and breastfeeding.**

|  |
| --- |
| **Full name (first name and surname)** |
|  |

|  |
| --- |
| **CHI Number:** |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Date of Birth:** |
| **D** | **D** | **M** | **M** | **Y** | **Y** |

|  |
| --- |
| **Care Home name and address:** |
|  |

|  |
| --- |
| **GP name and address:** |
|  |

**Consent for a course of COVID-19 vaccination (please complete one box only)**

|  |  |
| --- | --- |
| **I want to receive the full course of****COVID-19 vaccination** | **I do not want to receive the full course of COVID-19 vaccination** |
| Name: | Name: |
| Signature: | Signature: |
| Date: | Date: |