

Mental capacity assessment for COVID-19 vaccination and consent form for RHN patients/residents who may lack capacity to consent for themselves

PLACE PATIENT LABEL HERE

Name	
DOB	D D M M Y Y Y Y
NHS No	
MPI	
Consultant/GP	
Ward	

This consent form is designed to support valid consent for vaccination in particular where a person is unable to provide valid consent and the Mental Capacity Act 2005 must be followed. Where it has been established that a person lacks mental capacity to consent to a vaccination through the capacity assessment, then consent to the care plan (vaccination) should be achieved through a best interest decision or via a valid and applicable Power of Attorney/Deputy. The care plan should show how lack of mental capacity was established and how a decision to vaccinate was made.

The patient above has been medically assessed to be safe in receiving COVID-19 vaccination.

YES

NO - **discontinue this assessment and document on EPR**

Section A - Mental Capacity Assessment – Can the patient/resident make an informed decision to have the COVID-19 vaccine?

1. Does this patient/resident have an impairment of, or a disturbance in the functioning of mind or brain?

YES - please specify the nature of the impairment (e.g. stroke, traumatic brain injury), and continue to 2:

NO - **discontinue this assessment.**

2. Does this patient/resident have any reliable means of communicating a decision?

YES - please specify how the patient communicates and continue to 3:

NO - **discontinue this assessment and go to sections B,C,D.**

3. Optimising the conditions for the assessment – please confirm that the following issues were considered:

a. Was support needed for communication? (e.g. interpreter, talking mats, assessment by SLT).

YES – Type of support:

NO N/A

b. Was the environment comfortable for the person? (e.g. quiet space, with no distractions, their room where they feel most at home)

YES NO

c. Was the timing optimal for the patient/resident's individual alertness?

YES NO



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Section A - continued

4. The pertinent information

In order to demonstrate mental capacity to make their own decision about consenting to, or declining the COVID-19 vaccine, the patient must be able to understand the following pertinent information:

- There is a virus (COVID-19) that is easily passed from one person to another.
- This virus can be dangerous – e.g. it can cause people to be in hospital for a long time, to have long term health problems, or even to die. Tens of thousands of people have died in the UK in 2020 as a result of this virus.
- [If applicable] You (the individual patient) may be more vulnerable to the risks of the virus than other people (e.g. specific health factors such as trache, diabetes; personal factors such as age, BMI, ethnicity)
- There is a new vaccine that can protect people from this virus. You can choose to have this vaccine if you want to. You can also choose to decline it if you don't want to take it.
- There are potential benefits of having the vaccine:
 - Reduced risk of getting the virus
 - If you did get the virus you're likely to have a milder illness. This means less chance of going to hospital and reduced risk of dying from the virus
- There are potential downsides of having the vaccine:
 - It may be momentarily painful and/or you may get a sore arm afterwards
 - There may be other, rarer, side-effects that may be harder to predict as this vaccine is new. However, your nurses will monitor you for carefully for these.

4.a Please specify at least one of the following options to show what you did to check their understanding of this information:

I asked them to tell me what they knew about Covid-19

I explained all of the information listed above and checked their understanding

I gave them the information in writing and checked their understanding

I used aids such as pictures or talking mats to help explain the information

I repeated the information several times in different ways to help them understand it

4.b Does this patient/resident understand the information about having the COVID-19 vaccine?

YES - continue to 5

NO - **discontinue this assessment and go to sections B,C,D.**

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Section A - continued

5. Retention and use of the pertinent information – can the patient/resident communicate whole phrases (verbally or using a communication aid)?

YES - continue to 5.a

NO - continue to 5.b

5a. For a person who can communicate whole phrases (verbally or using a communication aid), ask open questions to assess their retention and use of the information:

- They were able to summarise the key points, showing they had retained them
YES NO
- They could explain their views about the pros and cons of this vaccination
YES NO
- They were able to tell me what their decision is and why
YES NO

If the answer to the three questions in 5a is yes, the person HAS CAPACITY TO MAKE THIS DECISION. Discontinue this assessment and complete “Consent form for RHN patients/residents able to consent for themselves”.

If the answer to ANY of the three questions was no, the person LACKS CAPACITY to make the decision about the vaccine. Go to section 6 below.

5b. For a person who cannot communicate whole phrases, ask closed questions to establish their retention and use of the information. Please ensure that a mix of ‘yes’ and ‘no’ questions are asked to avoid response bias. Please consult a relevant AHP such as an SLT, Psychologist or OT if in doubt.

- They answered questions about the information accurately, showing they had retained the information
YES NO
- They were consistent in their responses about the pros and cons of vaccination
YES NO
- They were consistent in their responses about whether or not they wanted the vaccination
YES NO

If the answer to the three questions in 5b is yes, the person HAS CAPACITY TO MAKE THIS DECISION. Discontinue this assessment and complete “Consent form for RHN patients/residents able to consent for themselves”.

If the answer to ANY of the three questions was no, the person LACKS CAPACITY to make the decision about the vaccine. Go to section 6 below.

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Section A - continued

6. For patients/residents who **lack capacity only**:

Was the patient/resident able to express a preference about their views on vaccination that should be taken into account in making a best interests decision?

YES:
NO

Section B - LPA/Deputy

Is there a valid and applicable Lasting Power of Attorney (LPA) or Deputyship for personal welfare:
YES NO – **Continue to sections C,D**

If yes, has the evidence of LPA or Deputyship been provided and is uploaded on MCA/DoLS system?
YES NO

Has the LPA/Deputy completed and returned the LPA or deputy of an RHN patient/resident unable to consent for themselves consent form?
YES NO

Which decision has been done on behalf of the resident:
They **wish** for the COVID-19 vaccine to be given
They **do not wish** for COVID-19 vaccine to be given
(Section C and D don't need to be completed)

Comments:

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Section C – Relative's views

Have the relatives been given pertinent information regarding COVID-19 vaccine?
YES NO

Have the relatives shared their views regarding the COVID-19 vaccine?
YES NO

Do the relatives agree with the decision that it is in the best interest of the patient/resident to receive the full course of COVID-19 vaccination?
YES NO: please list reasons, and what the relative thinks the patient/resident would say if they knew their circumstances and could tell us:

Comments:

Section D – Best interests

If the individual lacks capacity, and does not have a relevant LPA or Deputy, a best interest decision will need to be made.

DECISION FOR BEST INTEREST

It is agreed that
will receive
will not receive
the COVID-19 vaccination.

It is agreed that further information is needed and a best interest meeting will need to take place to ascertain if it is or not in _____'s best interest to receive the COVID-19 vaccination.

Name and Role of Decision maker:

Signature:

Date: