

Guidance for Obtaining Consent for COVID 19 Vaccination in Long Term Residential Care (LTRC) Settings- Specific Considerations

Note that the guidance here is specific to the context of Covid-19 vaccination in LTRC settings and the C 19 pandemic public health emergency.

As outlined in 'guiding principles' document it should be presumed that most people (including those who have varying degrees of cognitive impairment) will be able to give their own consent to receiving the Covid 19 vaccine (most of the population).

There are three broad resident groups to be considered:

1. Those who can give consent.
2. Those individuals who are unable to give consent themselves but for whom will and preference to receive the vaccine can be identified based on the knowledge of someone who knows them (assent).
3. Those residents who do not wish to be vaccinated irrespective of underlying capacity issues (dissent)

The criteria for the person making an assessment of capacity in LTRC to receive the COVID 19 vaccination:

1. The person should be a healthcare professional-note that under a new statutory instrument (S.I.) has been signed by the Minister describing the professionals that can administer and consent individuals for the vaccine:
 - a. A registered nurse,
 - b. A registered pharmacist,
 - c. An advanced paramedic,
 - d. A paramedic,
 - e. An emergency technician, OR
 - f. A person registered on the register of Physiotherapists Registration Board
2. The person should have reasonable background knowledge of the resident.
3. The person should have access to the healthcare record.
4. The person should have read the vaccine information leaflet .

Putting processes in place to support the consent process in the LTRC:

1. Each LTRC should identify in advance who the most appropriate healthcare professional is to support the consent process in their care setting.
2. Ensure resident (and where possible their close relative / friend) has been given the vaccine information leaflet beforehand.
3. Ensure there is a process for recording consent for the Covid 19 vaccine in the person's healthcare record. Note a formal signed 'consent form' is not legally mandated as part of this process but it is important that the healthcare record documents the discussion that has taken place and the decision made. A record indicating consent / assent / dissent of the person should be made available to the vaccination team when they are in the facility.

What are the key considerations in assessing capacity when obtaining consent for the COVID 19 vaccine in the LTRC setting?

There are four key considerations in determining if a person has capacity to consent:

1. The ability to understand the information relevant to the decision, including the risks of refusing vaccination.
2. The ability to retain the information long enough to make a decision-the information only needs to be retained for long enough to make a decision.
3. The ability to use the information to make a decision-this may involve enabling another person to help the individual.
4. The ability to communicate the decision; this can be verbal, using sign language or any other means of communication.

A person must fulfil all of these criteria in order to be determined to have capacity to make a decision.

Process of recording consent in LTRC

1. For those individuals in LTRC who have capacity and can consent: Record the discussion and the person's consent in the person's healthcare record.
2. For those individuals in LTRC who do not have capacity but assent determined based on benefit and best interpretation of will and preference: Record the discussion and the person's consent in the person's healthcare record. Where a close family member / friend have assisted with this process it is useful to record the discussion regarding same in the healthcare record. This is not obligatory and does not reflect a formal 'consent process' from family / others.
3. The person does not have capacity and the decision to administer the vaccine is being made on the 'benefit' principle and in line with will and preferences: Record the decision and the basis for capacity assessment in the person's healthcare record. In this situation it is important to document that the person does not dissent to having the vaccination.
4. The person refuses the vaccination (independent of vaccine): Record the decision in the person's healthcare record.

For those with impaired capacity, every reasonable effort should be made to enable a person to make an informed decision about receiving the vaccination. In situations where this is not possible, the final decision on whether or to vaccinate an individual lies with the healthcare professional, having assessed decision-making capacity specifically with reference to the four key questions set out above. The basis on which the individual has been assessed as lacking decision-making capacity to make this decision and the basis on which the benefit of the vaccine to the individual has been determined should be documented in the healthcare record.