



# Documenting the Process of Consent for Vaccination

Name: \_\_\_\_\_

Support staff name: \_\_\_\_\_

Date: \_\_\_\_\_

***Each person has the right to refuse a treatment proposed (Supporting People's Autonomy, HIQA 2016). Persons with disabilities must be involved in decision making about their own healthcare (Inclusion Ireland 14/04/2020).***



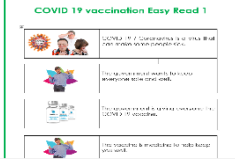


*It is important to note that no other person such as a family member, 'next of kin', friend or carer and no organisation can give or refuse consent to vaccination on behalf of an adult person who lacks capacity to consent unless they have specific legal authority to do so.*

## **Considerations:**

- If the person has a phobia of needles, have you explored their will and preference in terms of overall health and wellbeing? Have you consulted the relevant clinical disciplines for support e.g. psychology, medical.
- Has information been provided in a format accessible to the service user, supported by a familiar staff in the person's preferred environment?
- Appearance and behaviour during appointment. Document any behaviours, facial expressions or other subtle signs that the person did or did not want the vaccine e.g. pulled arm away, rolled up sleeve and put out their arm etc.



## COVID 19 Vaccination - my consent checklist

		 Yes	 No
	I have been given an information leaflet about the COVID 19 vaccine.		
	I understand the information in the leaflet.		
	I want to have the COVID 19 vaccination.		



Name:



Date: