



Guidance for Practitioners Delivering a Covid Vaccination Service to Care Homes

Responsibilities under the Mental Capacity Act (MCA) 2005

As the practitioner administering the vaccine, the practitioner holds overall responsibility for ensuring that the MCA legislation has been applied appropriately.

Partnership working between Care Homes and Primary Care practitioners is key to delivery of a successful service.

Covid vaccinations are an intrusive procedure. It is essential that the practitioner administering a Covid vaccine to a care home resident is assured that:

The individual consents to receive the vaccine.

Or

Appropriate capacity assessment has taken place, and a medical practitioner led best interests decision has been made for the individual to receive the vaccine.

It is essential the Care Home prepare for the vaccine by supporting their residents to use and weigh information that enables them to give informed consent for the Covid vaccine.

The Care Home can additionally prepare for Covid vaccination for their residents by completing capacity assessments to evidence a lack of capacity for those individual residents deemed to not have capacity to make this decision.

The Care Home can lead on discussions with the individual's LPA or Deputy for Health and Wellbeing to seek consent on behalf of the individual resident.

Primary Care practitioners administering the vaccine should lead on the Best Interests decision for those individual residents who do not have capacity and do not have a LPA, Deputy for health and wellbeing.

The Care Home can facilitate Best Interests meetings by informing the relevant surgery of those residents where a Best Interests decision will need to be reached prior to vaccination. The Care Home can action inviting all relevant parties to participate in each individual Best Interests Meeting for these residents.

Advocacy

The Care Home must ensure, where the individual does not have a suitable representative to champion their wishes and feelings in a Best Interests decision, referral for an advocate is made.

The advocate's role is to be included in the individual's Best Interests decision making for the Covid vaccination. They are present to ensure discussions consider the individual's best interests.

Their engagement in Best Interests decision making is important due to the vaccine being an intrusive intervention.

An advocate should also be involved to represent individuals where a Best Interests decision may be difficult or contentious.

Capacity to Consent Form



Microsoft Word
Document

Capacity assessment

Before administration of the Covid vaccine, the Practitioner administering the vaccine, must be assured that any consent provided, capacity assessment undertaken, or best interests decision made is both time-specific and decision-specific to administration of the Covid vaccine 2020/21

The practitioner administering the vaccine is responsible for ensuring they have adequate evidence to reasonably believe that the person lacks capacity to consent, and that they are acting in the person's best interests. This is particularly important where expectations are capacity assessments are being completed by others in preparation for the vaccine.

Previous capacity assessments, or consent sought for other vaccines, **MAY NOT** be utilised for this Covid vaccination.

As best practice, capacity assessments should be detailed and timely. Consent should be sought, or best interests' decisions made, as near as possible to the time of the intended Covid vaccination.

Care homes are best placed to prepare their residents for Covid vaccination, by seeking consent or completing capacity assessments and **facilitating** Best Interests Decision Meetings.

The practitioner SHOULD NOT accept verbal assurances about a resident's capacity to consent to receive a Covid vaccination. This must be evidenced in the resident's care home records, which should confirm that consent has been provided, or detail any capacity assessment and the

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practitioner led best interests decision made. Without this evidence, the practitioner SHOULD NOT proceed with the vaccination.

Fluctuating capacity

As best practice, the care home should choose a time when the individual is most enabled to discuss their wishes and feelings about receiving a Covid vaccine. If the resident has a Lasting Power of Attorney (LPA) for Health and Wellbeing, the care home must include them in this discussion.

The resident's decision should be documented and dated, as it may be integral to a later Best Interests decision. If the individual presents as lacking capacity at the time of the practitioner's visit, their LPA or Deputy for Health and Wellbeing **MAY** consent on their behalf.

Consent

Next of kin, family members or friends **MAY NOT** consent to Covid vaccination on behalf of a resident. If the individual is deemed to lack capacity this must be assessed, and a best interests decision made.

Where the resident has a LPA for Health and Wellbeing, this person **MAY** make the decision on their behalf.

Refusal

If an individual with capacity refuses to receive a Covid vaccine, this should be documented in their care home records, along with their reasons for reaching that decision.

When an individual lacks capacity and the best interests decision is for them NOT to receive the Covid vaccine, this should be documented in the resident's care home records, along with the reasons for reaching that decision.

Immediately prior to vaccinating a resident

The practitioner should ask to see:

Signed consent, which the practitioner should clarify with the resident at the time of vaccination. Words along the lines of "we have a record here that says you're happy to have your Covid jab. Is that still ok?" would be sufficient.

Or

A dated, written capacity assessment of sufficient detail that the resident lacks capacity, along with details of the best interests decision reached or evidence that the person making the decision on the resident's behalf has LPA for Health and Wellbeing (not welfare).

Where the individual is known to have fluctuating capacity, the practitioner will need to be assured that the individual is either:

Able to give consent at that moment.

Or

Presenting as lacking capacity at that moment.

Appropriate use of restraint

Practitioners may encounter residents who resist administration of the vaccine, despite the appropriate paperwork being in place. This scenario can be common for residents living with dementia or who have a learning disability. Gently holding a resident's arm is deemed acceptable.

Any force to restrain an arm or limb, or use of medical restraint, would require additional robust planning and must have been part of the Best Interests decision making. There should be evidence in the resident's care home records to support the decision-making process, which should consider the potential level of distress caused by administration of a covid vaccine, alongside the risks and benefits for the resident.

When it is anticipated that covid vaccination may cause this level of stress and anxiety for a resident, care homes should consult with the individual's GP/Specialist Health Practitioner (Dementia Team) to prepare in advance of the vaccination appointment.

If a resident is not compliant and use of restraint beyond a gentle arm hold is required:

The resident's care home records should provide evidence of planning, appropriate assessment, and decision-making to permit additional restraint. Without this evidence, the practitioner **SHOULD NOT** proceed with the vaccination.