

Influenza Vaccination consent Form / Best Interests Decision Tool – Care Home Resident

We need to administer a flu vaccination. Before we can administer this to you we need:

1. Your agreement / consent to receive the vaccination. You have the option to accept or decline.
2. To provide information about your flu vaccination to your health record and for other health and social care professionals involved in the processes to view this information as required? This will include using data that doesn't identify you by name.
3. To share information with your identified representative – please insert name and relationship here.....insert name/ relationship

I agree to receiving the flu vaccination	
I do not agree to receiving the flu vaccination	
I have received the information about why I need a flu vaccination and the relevant information	

Name	Signature:	Date:

If the patient is unable to read or write:

If the patient can indicate their agreement by making their mark then this should be encouraged. It is good practice for the mark to be witnessed and to be recorded in the case notes.

Where the patient is only able to verbally state their decision, this must be witnessed by two people:

Witness 1 Name:	Designation / relationship	Signed/Date
Witness 2 Name:	Designation / relationship	Signed/Date

Nurse Only
MCA Compliance
Part 1:

Assumption of capacity:

Following principle 1 of the Mental Capacity Act 2005 I have assumed that the patient has capacity to decide to accept or decline the flu vaccination	
I have taken all practicable steps to support the patient to make the decision.	
The patient has declined the vaccination. I have acknowledged that they may be making an unwise decision based on the risks recorded in their notes. I have explained the risks to them and have recorded these in their notes. I believe the patient has understood the risks and accepts them.	

I have a reasonable belief that the patient lacks capacity to consent to the flu vaccination. (In this case Part 2 and 3 must be completed).	
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Part 2: Reasonable belief of lack of capacity

Diagnostic Test		
1. Does the person have a diagnosis of an impairment of, or disturbance in the functioning of the mind or brain?	YES	NO
<p>If NO – assume capacity and obtain consent.</p> <p>If YES – state the diagnosis:</p>		
2. Is there evidence that the person’s diagnosis makes them unable to make decisions about their care and treatment even when all practicable steps have been taken to support them?	YES	NO
<p>If NO – it is possible the person has capacity. Assume capacity until there is more evidence available.</p> <p>If YES – apply the ‘Functional Test’</p> <p>Is there evidence:</p>		
3. The person is unable to understand information relevant to this decision?	YES	NO
Evidence:		
4. The person is unable to retain the information relevant to the decision?	YES	NO
Evidence:		
5. The person is unable to use and weigh information relevant to the decision?	YES	NO
Evidence:		
6. The person is unable to communicate the decision?	YES	NO
Evidence:		
<p>If the answer is ‘YES’ to 1 and 2 and 3 or 4 or 5 or 6 on the balance of probability it is likely that the person lacks capacity to make the decision.</p>		

PART 3: Best Interests Decision

OPTIONS APPRAISAL

1. Receive the flu vaccination	Benefits: Risks:
2. Do not receive the flu vaccination	Benefits: Risks:

I have consulted with the person as far as practicably possible. The patient has expressed that their preferred option would be: OPTION 1 / OPTION 2 (delete as appropriate)	The reason for this is:
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The person is / is not objecting to the vaccination (delete as appropriate) (If objecting) The reason they are objecting is:

I have consulted with the person's representative. They have expressed that the patient's preferred option would be: OPTION 1 / OPTION 2 (delete as appropriate)	The reason for this is:
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The representative is objecting / is not objecting to the vaccination (delete as appropriate) (If objecting) The reason they are objecting is:

<p>The person's representative holds / does not hold (delete as appropriate) a valid Lasting Power of Attorney (LPA). <i>NB: this can only be deemed valid if the document has been seen or LPA verified by the Office of the Public Guardian (completing form OPG 100).</i></p> <p>OPG reference number:</p>
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<p>The person's representative is / is not (delete as appropriate) a Court Appointed Deputy.</p> <p>OPG reference number:</p>
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<p>The person has / has not made an advanced decision that is relevant to this decision (delete as appropriate and state decision if one has been made).</p>

This decision cannot be delayed as there is a short window for optimal effect of the vaccination. I have decided that OPTION 1/ 2 is in their best interests based on the options appraisal. I believe this is the less restrictive option at this time based on the options appraisal. I believe it is appropriate and necessary to use the patient's information as in 2 and 3 above

Name:	Designation:	Qualification:	Date: