

# Supporting the consent process for the vaccination programme against Sars-CoV-2 (Covid 19)

Ascertaining will and preference of people who lack decision making capacity

NAS Regional Manager: Joanne Condon





**The UNCRPD's supported-decision making model recognises that ALL people have the right to make decisions and choices about their own lives.**

# Vaccination programme (Covid 19)

Two broad categories of scenarios with people



**1. Those who Consent/Dissent.**



**2. Those for whom will and preference must be identified to inform a decision. (Assent)  
(best interpretation of will & preference)**



# Consent

- Stems from the right to bodily integrity
- Respects the person's right to autonomy
- Is specific to each intervention
- Is only valid if three essential components are present:
  1. Free
  2. Full
  3. Informed

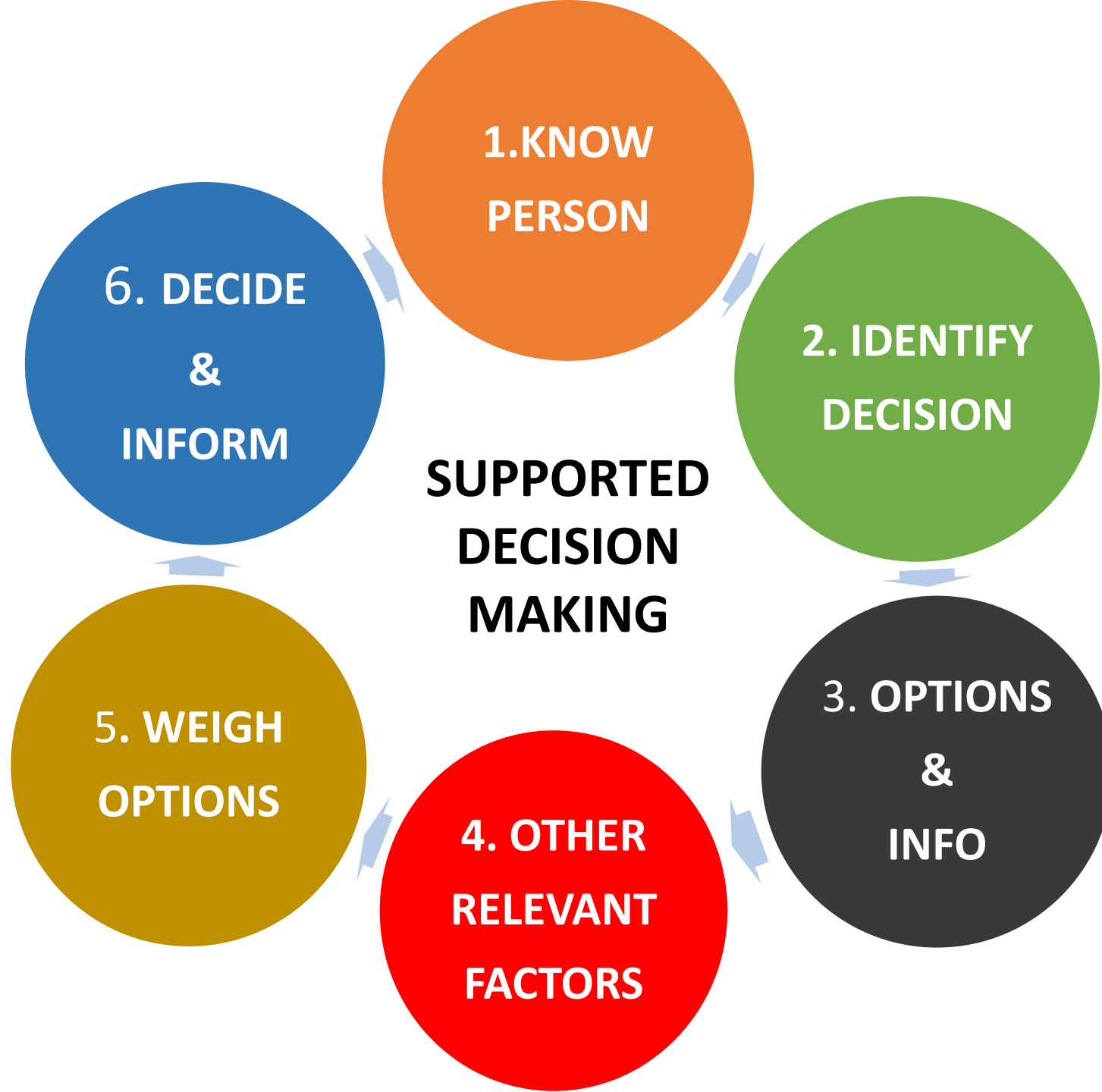




# Step 1

## Assume Capacity

In the first instance, all practicable steps should be taken to support the person to make the decision about the COVID-19 vaccine for themselves. Presume person has capacity to make their own decisions unless/until the contrary is shown.





## Important Points



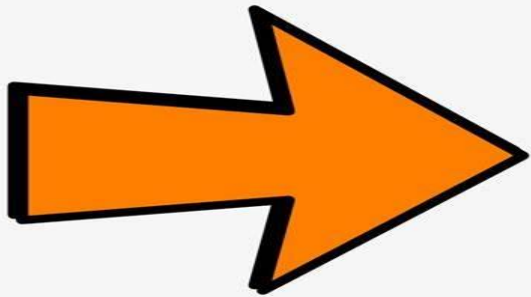
- Language of statutory instrument is will and preference.
- Avoid blanket approaches – consult on an Individual basis. No assumptions that what is right for one person is right for all.
- When considering a person’s capacity to consent – remember the information only needs to be retained for long enough to make a decision.
- For those in long term facilitates – don’t wait until the day vaccines are being administered to support people with decision making or to find out about the person’s will and preference – begin immediately and document.



# DOCUMENT

- Document the rationale for the decision
- Document the decision making process

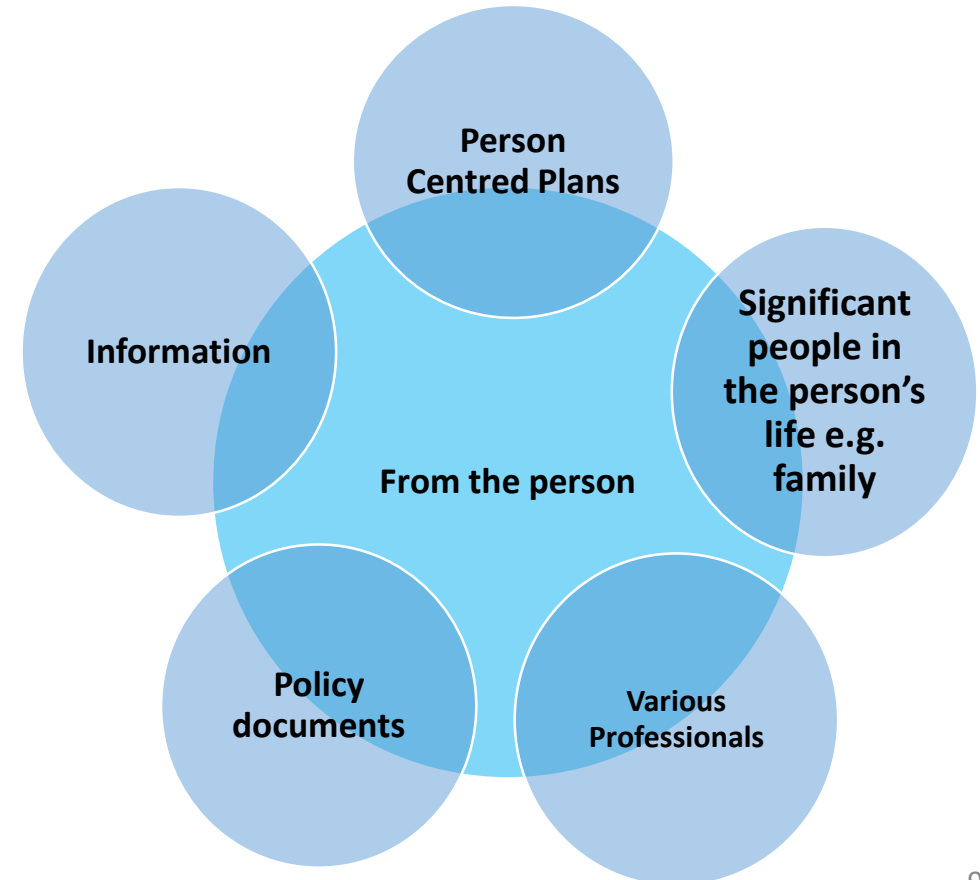
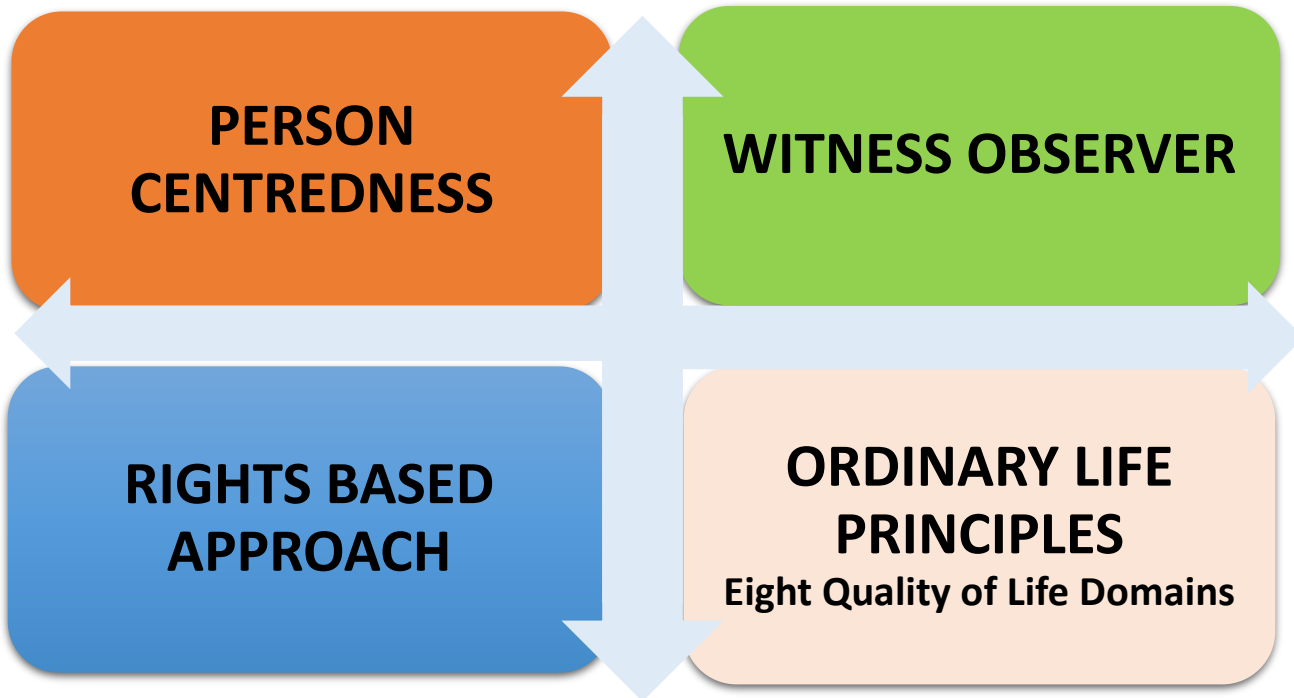
**Note: The final decision on whether or not to vaccinate an individual who is deemed to lack capacity to consent lies with the healthcare professional (vaccinator). A record of the consent process must be made available to the vaccinator.**





# Supporting will and preference

Where the person is not in a position to articulate their will or preferences, NAS advocates use 4 internationally recognised approaches to ascertain the person's will and preference.



## PERSON CENTREDNESS

- Files/records/healthcare files
- Speak to those who know person well (to inform, never to decide).
- Values/Beliefs/Preferences/attitudes?
- Views on other vaccines?
- Past behaviours /convictions?
- Cultural, religious, ethnic factors?
- Consider conflicts of interest

## WITNESS OBSERVER

- Impact of vaccine admin/Needles (reasonable accommodation: time/numbing gel/support)
- Observe responses of person (Pushing away or walking away? Withdrawing arm? Content? Distressed?)
- Body language, facial expressions, vocalisations, gestures?

## RIGHTS BASED APPROACH

- Respecting the person's human rights:
- Right to Life
  - Right to bodily integrity
  - FREDA principles
  - HSE Consent Policy – no 'next of kin' decision making/assumed authority

## ORDINARY LIFE PRINCIPLES

### **8 domains of quality of life**

- Well-being: Material benefits and risks
- Medical considerations: GP/other
- Quality of Life: impact?
- Social life/Community Access
- Relationships with others?



# Resources / Links

- Assisted Decision Making Act 2015.
- HIQA Supporting people's autonomy: a guidance document.
- HSE National Consent Policy 2019.
- HSE National Disability Services Guidance & Practical Resource Pack to prepare for the COVID-19 vaccination programme in Disability Services
- STATUTORY INSTRUMENTS. S.I. No. 698 of 2020 MEDICINAL PRODUCTS (PRESCRIPTION AND CONTROL OF SUPPLY) (AMENDMENT) (NO. 7) REGULATIONS 2020.

[Advocacy.ie](http://Advocacy.ie)

National Line: 0761 07 3000

