



Guidance on Consent for Vaccination of Young People 16-17 years Version 2

HSE Consent for Vaccination for COVID 19 Working Group
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This guidance has been prepared to support healthcare staff providing care for young people (aged 16 and 17 years of age) as part of the national vaccination programme against COVID 19. It has been prepared by the HSE Consent for Vaccination for COVID 19 Working Group, chaired by Dr Siobhan Ni Bhriain, National Lead for Integrated Care. For the purposes of this guidance all references to young people are to those aged between 16 and 17 years, unless otherwise stated.

This guidance relates to both young people who have capacity to consent to vaccination and young people who do not have the capacity to consent to vaccination. The vast majority of 16-17 year olds have the capacity to consent. If there is a good reason to doubt the capacity of a young person then a functional test of capacity should be carried out.

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

1. Does the young person understand the information relevant to the decision, including the risks of refusing vaccination?
2. Is the young person able to retain the information long enough to make a decision?
3. Can the young person use and weigh the information to make a decision? This may involve enabling another person to help the individual.
4. Can the young person communicate their decision? Communication 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.

Information on the consent process in preparation for vaccination is available here: <https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/>. HSE guidance on consent to vaccination against CoV-2 has been developed after consideration of the following:

- Advices of the Attorney General to the Department of Health regarding the Covid Vaccine 2020
- Statutory Instruments. S.I. No. 698 of 2020 Medicinal Products (Prescription and Control of Supply) (Amendment) (No 7) Regulations 2020; S.I. No. 81 of 2021 Medicinal Products (Prescription and Control of Supply) (Amendment) (NO. 4) Regulations 2021
- HSE National Consent Policy 2019
- Mental Health Act 2001
- Advices of President of the High Court regarding COVID Vaccine 2021 pertaining to wards of court

Consent for vaccination is a process of communication between a healthcare worker and the person to whom the vaccine has been offered. A person should be provided with sufficient information on COVID-19 vaccination including the risks and benefits associated with the vaccine and in a format that



they can understand. Some people may need additional support and time to consider the information and ask questions to enable them to come to a decision regarding vaccination.

1. Where the young person has capacity to consent to vaccination

A young person's views of what is in their own best interests is central to decision making and delivery of healthcare services and this includes consenting to or refusing vaccination.

If a person, including those aged 16-17 years, has the capacity to make the decision, they should make their own informed decision to consent or refuse consent to vaccination.

Parents/legal guardians and family relationships and support are very important to children and young people. Parents/legal guardians will have generally ensured the health and safety of their children and young people over the course of their lifetime and, during the teenage years, are supporting young people to transition successfully to adulthood, including increasing responsibility for their own health and wellbeing. It is preferable that information pertaining to COVID-19 vaccination is provided to both the 16/17 year old and their parents/legal guardians in advance of vaccination so the latter can best support the young person to make his or her own informed decision to accept or refuse vaccination.

In some situations where young people have been attending specialist services, these services do not have direct contact with the young person and instead communicate directly with parents/legal guardians. In this situation, the service must clearly communicate with parents/legal guardians that young people should have access to vaccine information and must signpost this information. Services must also clearly communicate to parents/legal guardians that the young person, if they have capacity, should make their own informed decision whether to receive or refuse vaccination.

Young people can either register their consent to vaccination on the HSE registration portal or communicate their decision to consent in advance on the day of vaccination. This can be communicated and recorded wherever they receive vaccination e.g. at a GP surgery, vaccination centre, hospital or at home.

Refusal of treatment by a young person is legally differentiated from consent to treatment. A young person's refusal of health or social care services should not be viewed as legally binding until the young person reaches the age of 18 years. However, the views of a young person should always be treated with respect in light of the young person's age and maturity.

Current knowledge suggests that the magnitude of the risk of harm to young people from Covid-19 is considerably lower than that for older people. Hence, in general, if a young person's view is that, having considered the information, they do not wish to receive a vaccine, their views should be respected, and they should not receive the vaccine.

However, there may be rare individual cases where the treating clinician considers that a refusal of vaccine by a young person is very likely to be harmful for that person. In these circumstances, every effort should be made to engage with the young person to explain the reasons for the treating



clinician's concern. If a resolution cannot be reached, legal advice should be sought, and it may be necessary to refer a refusal of vaccination to court.

2. Where the young person does not have capacity to consent to vaccination

If the young person does not have the capacity to consent to the vaccination, consent may be provided by the young person's parent/s/legal guardian. Consent to vaccination by one parent/legal guardian is sufficient.

If the parent/s/legal guardian refuse to consent to vaccination, all efforts should be made to engage with the parent/s/legal guardian and to explain the benefits and risks of the vaccination for the young person. If parent/s/legal guardian continue to refuse consent to vaccination, this should be respected unless the treating clinician considers that a refusal of vaccine by a young person's parent/s/legal guardian is very likely to be harmful for the young person. In these circumstances, every effort should be made to engage with the parent/s/legal guardian to explain the reasons for the treating clinician's concern. If a resolution cannot be reached, legal advice should be sought, and it may be necessary to refer a parental/legal guardian refusal of vaccination to court.