

Giving informed consent for COVID-19 vaccines

COVID-19 vaccines are now available and certain groups of people are now being offered these. (Groups currently being offered the vaccine can be found here)

The purpose of the vaccine is to build up your immunity to COVID-19 so your body will fight it off more easily if you were to get it. This means reducing the risk of developing COVID-19 and making your symptoms milder if you do get it.

In order for a vaccine to be administered this must be consented to.

It's important to understand that a child, young person or adult who is autistic may agree, go along with, or refuse something without understanding it. It is important to realise the reasons for this, so the person can be supported in the best way. For example, someone may give consent to something because they want to 'say the right thing', or may turn up for their vaccine because they have been told to, without actually understanding what will happen, or why.

The law on consent to medical procedures

There are strict laws around consenting to medical treatment. These are based on factors such as age and capacity (ability) to understand what is involved and make an informed decision.

Generally speaking, parents or guardians can consent to medical treatment for a child under the age of 16. However, if the child is able to understand what is involved and make the decision themselves then this is preferable.

Even where parents or guardians are legally allowed to consent on behalf of a child, young person or adult, it's important that this individual has as much knowledge as possible of what the vaccination involves, and the opportunity to refuse it.

Factors to consider

To give 'informed consent' to receiving a vaccine, your child or the person you are supporting needs to know what is involved, why, and possible consequences of consenting or not consenting (see our other COVID-19 vaccine resources).

In terms of COVID-19 vaccines, the person, where possible, should be supported to understand:

- The procedure and anything else that may be involved (e.g. travel to get there, who will do the vaccines, what they will look like i.e wearing PPE; injection in the upper arm; any 'adjustments' that might make the whole process easier).
- The benefits to having the vaccines and the possible outcome if chosen not to receive the vaccine.
- To be made aware of the possible side effects of the vaccines.

- Information on what will happen after the vaccines (e.g. going straight home, a second dose after the initial dose, and after both doses still following COVID-19 guidance).
- That they can refuse the vaccines at any point, even if they initially consented to it.

Even if you have arrived at an appointment this may in fact be the first point at which an autistic person starts to actually understand what it involves. This may therefore be the point at which they refuse the vaccine. If this is the case, they should not be made to continue. If there are concerns that they may refuse at this point, it would be helpful to discuss this when their appointment for their vaccines is confirmed and on arrival to their appointment.

COVID-19 Vaccines and Consent

In many situations consent can either be given verbally or in writing. In the case of the COVID-19 vaccine most people will be asked to complete/sign a written consent form like the one below:





Adults

COVID-19 vaccination consent form

The COVID-19 vaccination will reduce the chance of you suffering from COVID-19 disease. Like all medicines, no vaccine is completely effective and it takes a few weeks for your body to build up protection from the vaccine. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection. If you are currently pregnant, planning pregnancy or breastfeeding please read the detailed information at www.nhs.uk/covidvaccination

The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill. You will still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes. Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them. Please read the product information for more details on the vaccine and possible side effects by searching Coronavirus Yellow Card.

Please read the product information for more details on the vaccine and possible side effects by searching Coronavirus Yellow Card. You can also report suspected side effects on the same website or by downloading the Yellow Card app. Visit coronavirusyellowcard.mhra.gov.uk

Full name (first name and surname):	Date of birth:							
Home address:	Daytime contact telephone number:							
NHS number (if known):	Ethnicity:							
Care home address:	Gender (circle as appropriate): Male Female Prefer not to say							
GP name and address:	I am a woman of childbearing age and I have read the leaflet on pregnancy and breastfeeding							
Consent for a course of COVID-19 vaccination (please complete one box)								
I want to receive the full course of COVID-19 vaccination	I do not want to receive the full course of COVID-19 vaccination							
Name	Name							
Signature	Signature							
Date	Date							
If, after discussion, you decide that you do not want to have the vaccine, it would be helpful if you would give the reasons for this below/on the back of this form (and return to the provider).								
Thank you for completing this form. Please return it as soon as possible.								
Office use only								

This is a copy of the covid 19 vaccine consent form. The first part outlines the information required to give informed consent and signposts to additional information should this be required.

You will be asked to provide personal information to help identify you. It asks for your NHS number however you can complete the form without this information.

You will then be asked to complete a box either giving or withholding consent and providing reasons if you do not want the vaccine.

The final part of the form is completed by a medical professional.

Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ explry date	Brand of Vaccine	Immuniser name and signature (please print)	Where administered (care home, home, GP etc)
First	L arm	Rarm				
Second	L arm	R arm				•

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Further reading

You can find out more about informed consent here:

Medical Protection: Consent – Children and young people – Scotland General

Medical Council: Making decisions

You can find out more about 'mental capacity' here:

Scottish Government: Chapter 2: About the Adults with Incapacity (Scotland) Act 2000