Dear Sir/Madam,

**Section 1**.

We are approaching the time of year where the flu vaccine will be offered to you. In order to administer the vaccine, nursing staff will be liaising with your GP to establish whether you would like to have the vaccine.

Please indicate below if you would like the flu vaccine this year.

**I do/I do not wish to have the flu vaccine** (Delete as appropriate).

Signed………………………………………………………………………………………………………………………………..

Print Name………………………………………………………………………………………………………………………..

Witnessed by ……………………………………………………………………………………………………………………

Designation ……………………………………………………………………………………………………………………….

**Section 2.**

Is there a Lasting Power of Attorney (LPA) or Deputyship for personal welfare: **YES/NO**

If yes, has the proof of LPA or Deputyship been produced: **YES/NO**

Document seen by: …………………………………………………………………………………………………...

If proof has been shared, the LPA or Deputy may make a decision on behalf of the resident

**I do/I do not** wish for the flu vaccine to be given to

Resident Name……………………………………………………………………………………………………………

Named LPA Name…………………………………………………………………………………………………………

Signature………………………………………………………………………………………………………………………..

Has the person made any advanced decisions about flu vaccinations? **YES/NO**. If yes, refer to documentation regarding this.

**Section 3.**

Does (name)…………………………….………….. …………require a capacity assessment? **YES/NO**

If yes state reason……………………………………………………………………………………………………………..

**Result of capacity assessment**.

Name:………………………………………………….**HAS/DOES NOT HAVE** capacity to decide to have a Flu Vaccination,

The capacity assessment is recorded in …….……………………………………………………………………………..

If capacitated, return to Section 1, if not and no LPA for personal welfare, proceed to Section 4.

**Section 4.**

If the individual lacks capacity, a best interest decision needs to be made.

**Decision from Best Interests meeting**

It is agreed that (name) ………………………………………… **will receive/not receive** the Flu vaccination

The best interests meeting record can be found in…………………………………………………………………….

**Any uncertainties regarding capacity and consent can be discussed with the Local Authority MCA and DoLS Team on 01296 382195**

**For more guidance on capacity assessments see** [**www.assessright.co.uk**](http://www.assessright.co.uk)

**For a range of information on the Mental Capacity Act see** [**http://www.scie.org.uk/publications/mca/index.asp**](http://www.scie.org.uk/publications/mca/index.asp)

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| Developed by: | Written by: Vikki Gray, Safeguarding Manager, Buckinghamshire CCGs  Reviewed by: Jacqui Kent, Care Homes Pharmacist |
| Approved by: | Version 5 Approved Medicines Management Sub-Committee June 2018 |
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