

MEMO

To: Board Members
From: Nick Baker - Chief Medical Officer
Date: 19/6/17
Subject: Informed Consent and Vaccinations

The Clinical Governance Committee has given particular attention to informed consent over the last six months. A new DHB wide consent policy is under development. Areas that have been clarified include the circumstances where written consent is required, patients who are not competent to consent, the inability of relatives to consent for adults, and the duty of health professionals to provide care without consent in some emergency circumstances.

The Code of Health & Disability Services Consumer Rights specifies that a patient can only make an informed choice and give informed consent (Right 7) if there has been effective communication (Right 5) and the provision of the information that a reasonable consumer, in that consumer's circumstances, would expect to receive (Right 6).

Vaccination is one of our most carefully regulated areas of health care delivery as outlined in The Immunisation Handbook (due to size, this is available on request) and Immunisation Standards (attached as item 8.1.1). Standard 2 refers to informed consent.

To become an Independent Authorised Vaccinator¹ health professionals undertake 18 hours of compulsory training on the "Vaccinator Training Course". Informed consent is discussed in detail, ensuring all are aware of the Code of Rights and implications for vaccination. They then complete a practical exam during which all aspects of vaccination practice are observed. Informed consent is a major part of this assessment process. An update is then required every 2 years. Most vaccinations are delivered by Authorised Vaccinators, the majority being practice nurses, however the group also includes public health nurses, hospital based nurses and pharmacists.

Consent is obtained in two ways for vaccination:

1. **Verbal consent** – the normal process in primary care is for a one on one discussion to occur between the independent vaccinator, and the parent or patient. During this discussion the risks and benefits are discussed, and any likely effects of vaccination. The one on one setting allows the responses and level of information provided to be tailored to the needs of the client. The consent is recorded in the case notes.
2. **Written Consent** – in settings such as the school based vaccination programme, when the health professional and parent do not routinely meet a detailed written consent form is provided (attached as item 8.1.2). This allows parents to read (to the extent they choose), before they consent. Parents are directed to the vaccinator, an 0800 number and various websites if more information is wanted.

¹ The authority for approval by the medical officer of health is covered in the Medicines Regulations 1984, clause 44A(2)