

# Intensive Health Outreach Team



## Covid-19 Information Pack

### Contents

IHOT Summary Care Plan	Page 3-8
IHOT Easy Read Care Plan	Page 9
Consent to Assessment & Information sharing	Page 10-12
Coronavirus Vaccine Easy Read	Page 13-17
GHC Covid Vaccination Programme: Mental Capacity Act Flowchart	Page 18
Social Story: 'Coronavirus vaccination'	Page 19-27
Coronavirus Vaccination consent form	Page 28
Coronavirus Vaccination Best Interest form	Page 29
Vaccination process following Best Interest decision	Page 30
PBM clinical hold examples	Page 31
Debrief sheet	Page 32
Information for carers	Page 33

# Your Intensive Health Outreach Team (IHOT)



## Summary Care Plan

Your name:

Date of birth:

The reason help is wanted:

Today's date is:



## Intensive Health Outreach Team



Address:  
Pullman Place  
Great Western Road  
Gloucester  
GL1 3NF



Phone number:  
01452 895 150



Email:  
[ihot@ghc.nhs.uk](mailto:ihot@ghc.nhs.uk)



Office hours: 7:00am –  
9:30pm

**Out of hours please contact  
your GP**



..... and ..... Visited  
you on ..... to see how IHOT  
can help you



The IHOT may work with other people  
who can help you



You have consented to this care plan  
OR  
this care plan has been agreed in your  
Best Interests



This care plan can be shared with:

- Family
- Paid Carers
- Services providing support
- CLDT
- GP



When we visit you we will.....



Talk to you and your carers and help you to stay healthy.



Write things down.



We may take your physical observations.



Do you or your carer want anything else added to your care plan?

Yes



.....  
.....  
.....

No



.....  
.....  
.....



Do you have any other comments?

Signed: .....Name: .....  
Date: .....

Signed: .....Name: .....  
Date: .....







# CONSENT FORM 4

## Form for adults who are unable to consent to investigation or treatment

### Patient details (or pre-printed label)

Patient's surname/family name: .....

Patient's first names: .....

Date of Birth: .....

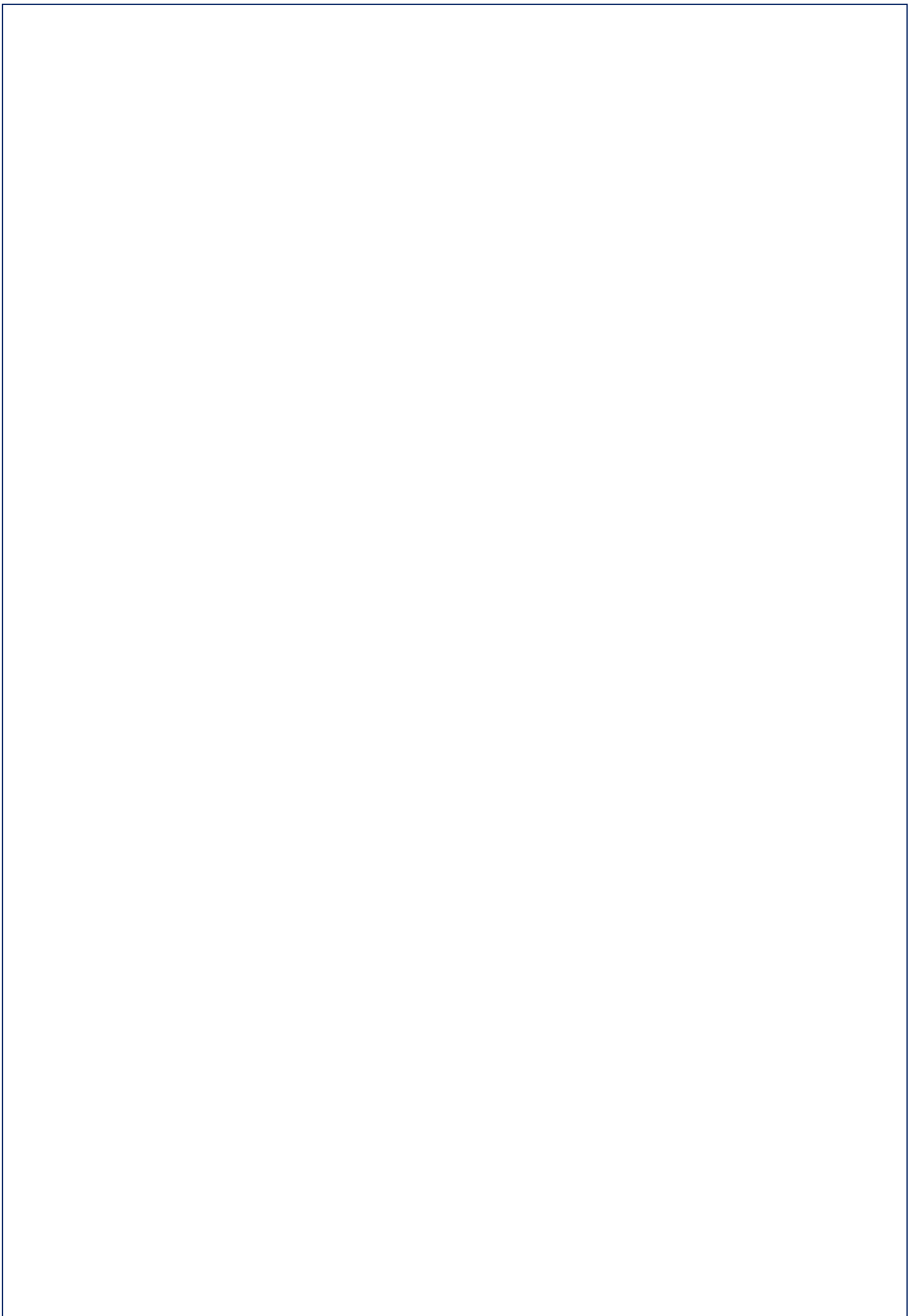
NHS number (or other identifier) .....

Male       Female

Special requirements: .....  
(eg other language/other communication method)

Responsible health professional: .....

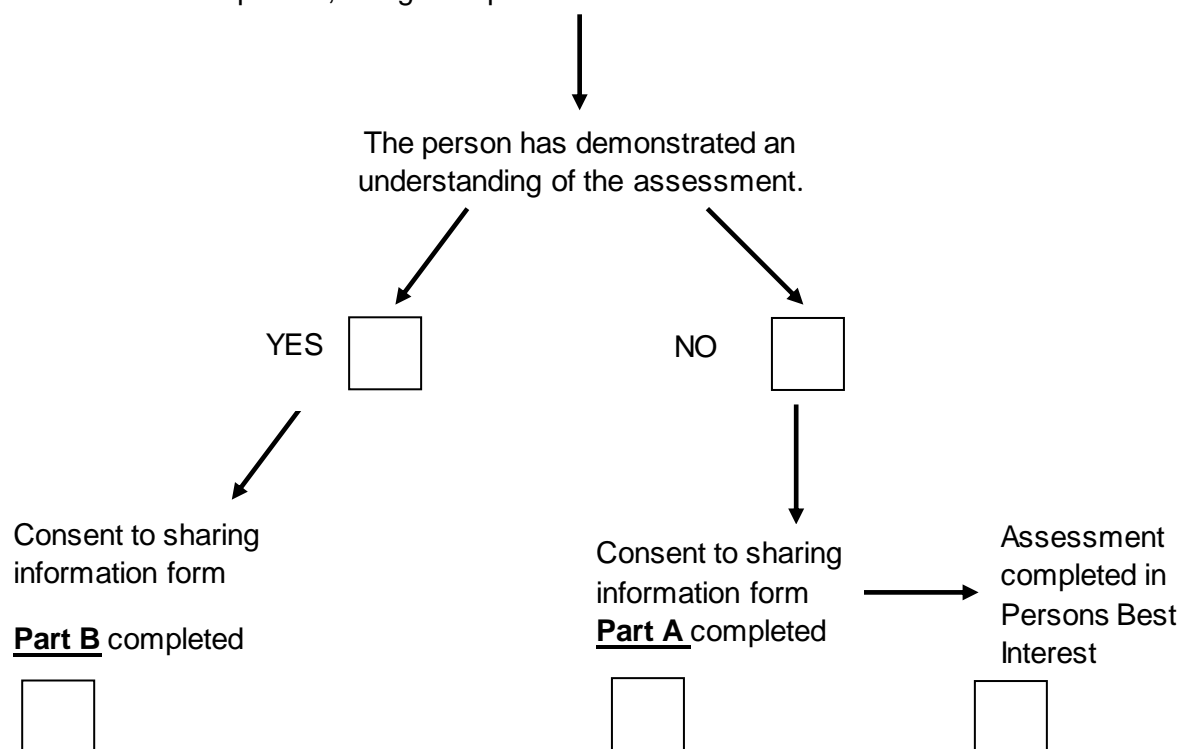
Job title: .....



Surname:		Title:
First Name(s):		
NHS Number:		
Date Of Birth:		

## CONSENT TO ASSESSMENT & SHARING INFORMATION (LD)

The Intensive Health Outreach Team (IHOT) Assessment has been explained to the person, using their preferred method of communication.



### PART A

(name)

..... has not demonstrated the capacity to understand this assessment and is unable to give valid consent to sharing information.

Information is therefore shared with other care professionals, when necessary, in the person's 'best interest'.

Date:..... Signed..... Print Name:.....

Date:..... Signed..... (optional) Print Name:.....

(Witness)

(To be signed by the professionals completing the assessment)

**PART B**



We need to talk about your needs with other people in our team.



Sometimes we need to talk about your needs with people outside our team- a doctor, a nurse, a social worker, carer or a therapist.

They are all health and social care staff who can help you.



Can we talk about your needs to other health and social care staff?

YES



NO



I don't want you to talk about me to:-

.....



I don't want you to tell other care staff about:-

.....



I am happy for you to talk about me to:-



.....



I want to have copies of letters about me

YES



NO



Date..... Signed..... Print Name.....

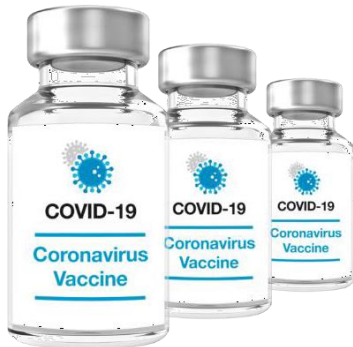
Date..... Signed..... (Optional) Print Name.....  
(Witness)

## Coronavirus Vaccine Easy Read



Vaccines are medicines.

Getting vaccines might protect people from catching viruses or diseases.



There is now a vaccine for Coronavirus.



Some people who had their Coronavirus vaccine can still catch Coronavirus.

These people might be less ill than people who did not have the vaccine.



The Government and NHS say that the vaccine is safe.



People with a learning disability will be offered Coronavirus vaccine soon.



This is because people with a learning disability are more likely to be seriously ill from Coronavirus.

Some people with Coronavirus might need to go into hospital.



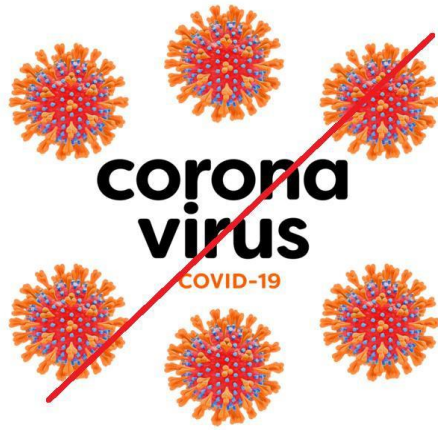
Coronavirus vaccine is given by injection into your arm.

You will need to have two injections a few weeks apart.



After each injection you might have to wait in the waiting area for 15 minutes.

After 15 minutes, you can go home.



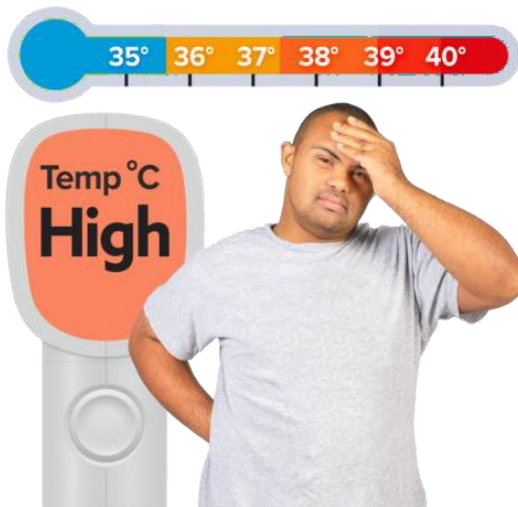
Remember:

You can't catch Coronavirus from the vaccine.

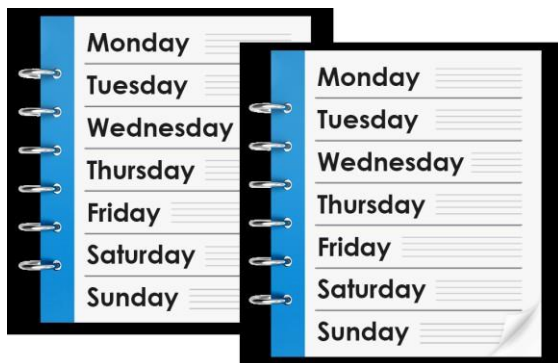
Some people may get side effects after having a vaccine.

Some side-effects you may experience are:

- Feeling hot
- Your arm may hurt for a little while
- You might feel tired



This is all OK.



Vaccines take some time to work.

Usually it takes 2 weeks or 14 days for the vaccine to work.



Having a vaccine is your choice.



After you had your vaccine, you will still need to follow Coronavirus rules.

- Wash your hands
- Wear a face mask
- Keep safe distance from other people



If you are not sure or are worried about having a vaccine, talk to someone about it.

You can talk to your carer, family or a doctor.



## MAKING MY DECISION

	Comments	✓
What do I need to decide?		
What format do I need the information in to help me?		
What support do I need to make this decision?		
What happens if I agree?		
What happens if I disagree?		
How do I tell the people who need to know about my decision?		
Make the decision		

A basic guide to supporting someone to make a decision can be found at [www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)

## GHC Covid Vaccination Programme Mental Capacity Act Flowchart:

- A person (aged 16 +) is assumed to have capacity to consent to a Covid Vaccination unless there are concerns about the person's ability to make decisions in this area of decision making
- If a person has capacity they can make what others might consider to be an unwise decision (ie may choose not to have a vaccination)
- Where a person does not have capacity to consent then a Best Interest decision will need to be made as to whether or not to give the vaccination

### Other key Resources :

- ✓ Gloucestershire MCA policy
- ✓ Code of Practice MCA
- ✓ Essex Chambers: 'Rapid response guidance note: vaccination & mental capacity (Dec 2020)
- ✓ Decision making and consent General Medical Council (Nov 2020)
- ✓ <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>

Capacity Assessment:  
Does the person have an impairment /disturbance in the functioning of the mind or brain?  
Can the person Understand Retain Weigh up .... the relevant information ...or communicate their decision

### Capacity Assessment Process

Undertake a capacity assessment; check out understanding by offering the following information (using language/pictures/ leaflets/ videos as appropriate to support the person)

- the vaccination will help to protect you from COVID-19. It is given as an injection into your upper arm & as 2 doses, at least 21 days apart.
- you cannot catch COVID-19 from the vaccination itself & it takes 2 weeks after the 2<sup>nd</sup> dose for it to work.
- side-effects of the vaccine are a possibility; a sore arm where the needle goes in, headache, feeling tired, feeling achy (you can take paracetamol)

If the person has capacity, record this and seek consent ( NB: person has the right not to consent)  
If the person does not have capacity, record this and move to Best Interest process (below)

Record Capacity Assessment on a appropriate electronic care record

### Best Interest Process

- Where a person does not have capacity to consent to having a Covid vaccination, a Best Interest decision will be required (BI decision)
- Relatives/carers have a legal right to be consulted on BI decisions.
- Record BI decision including consultation on a appropriate electronic care record – who was consulted and outcome of consultation (either to vaccinate or not).

### Least Restrictive Process

- Identify the least restrictive method for the vaccination (ie use of trusted staff/relatives/friends, use of distraction, reassurance / time of day)
- If person demonstrates level of distress so that restrictive holds would be required for administering the vaccination then escalate for further discussion with safeguarding team for a advice regarding plan forward.

Restriction: needs to be Necessary & Proportionate to potential harm



For further advice /support : GHC Safeguarding Team:

'NB: It is unacceptable for clinical decisions – decisions which could dictate whether someone's loved one gets the right care when they need it most – to be applied in a blanket approach to any group of people' Rosie Benneworth, Chief Inspector of Primary Medical Services and Integrated Care at the Care Quality Commission (2020)

# Social Story

## Covid-19 vaccination



Surname:	Title:
First Names:	
NHS No:	
Trust No:	
Date of Birth:	

**You will need to  
have 2 injections  
12 weeks apart**



# You will be given the vaccine as an injection



**Your arm may feel a sharp scratch and it might hurt a little**

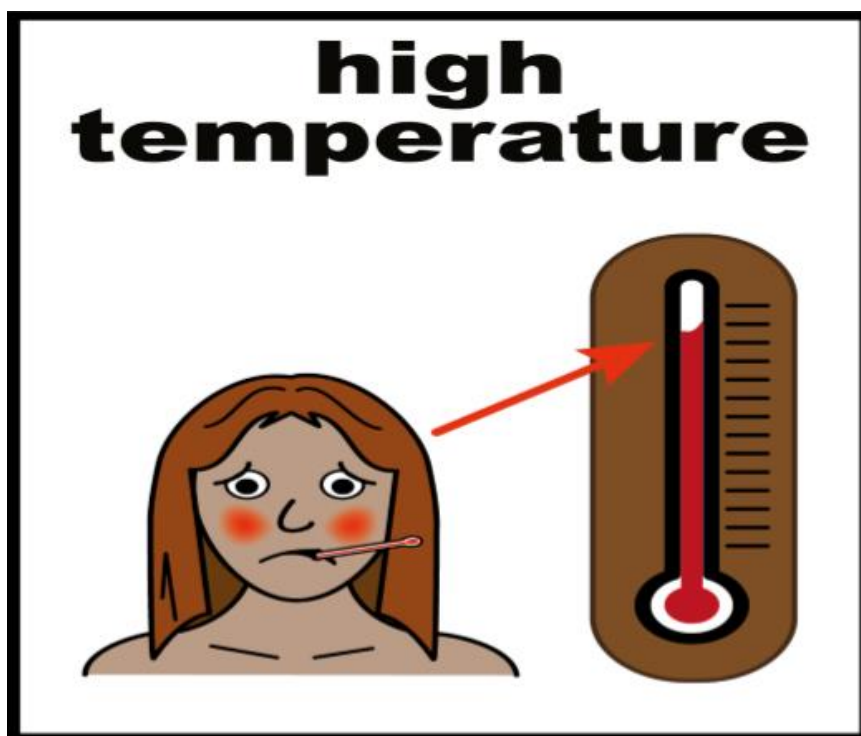


**The nurse will stay  
with you for 10  
minutes to make  
sure you are ok**



**You might have a  
temperature or sore  
arm after.**

**This is normal**





**You will now wait  
12 weeks until your  
next injection**



**You will now have  
your  
second injection. It  
will be the same as  
the first one.**



**You will now be vaccinated  
against covid-19. But will still  
need to wear a face covering  
unless exempt**


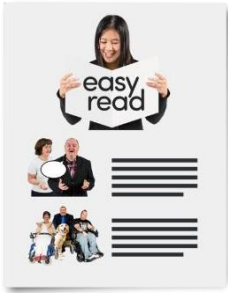


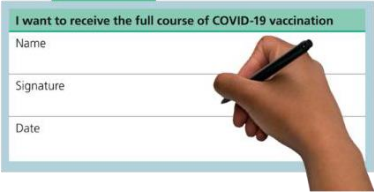


**mask**



# CONSENT FORM FOR CORONAVIRUS VACCINE

Part 1: For people who can consent to the Coronavirus vaccine.

Saying YES means giving CONSENT.

		
	<p>I was given information about Coronavirus vaccine.</p>	
	<p>I know I need to have 2 Coronavirus vaccines.</p>	
	<p>I say YES to 1<sup>st</sup> Coronavirus vaccine.</p>	
	<p>I say YES to 2<sup>nd</sup> Coronavirus vaccine.</p>	
	<p>I say NO to Coronavirus vaccine.</p>	
		

Date	My Name:	Who helped me?



with you, for you



Gloucestershire Health and Care

NHS Foundation Trust

# CONSENT FORM FOR CORONAVIRUS VACCINE

Part 2: For people who lack capacity to consent to Coronavirus vaccine, BEST INTEREST decision should be made

<b>Person completing this form</b> (Name/ Role/Relationship to the person)	
<b>People involved in Best Interest decision</b> (Name/Role/Relationship to the person)	
<b>Summary of the best interest discussion</b>	
<b>Decision made</b>	
<b>Date</b>	
<b>Signature</b>	

## Vaccination process following best interest decision

### Stage 1

IHOT staff arrive and wait in designated area.

Mental Capacity Act assessment and Best Interests paperwork reviewed and agreed with family/carers.

### Stage 2

Care staff direct service user to sofa in a quiet room and sit with them

### Stage 3

IHOT staff will replace care staff on sofa, vaccinator waits outside quiet room door

### Stage 4

IHOT staff implement positive behaviour management (PBM) clinical seated hold.  
Care staff ask the vaccinator to come into the room.

### Stage 5

Vaccine administered, reassurance given by care staff.

IHOT staff remain for 20 minutes to check physical observations.

**PBM Seated Clinical Hold:**



## INTENSIVE HEALTH OUTREACH TEAM (IHOT)

### DEBRIEF / POST INCIDENT

#### **TERMS OF REFERENCE**

- Recognising staff feelings after a significant event (Post Incident)
- Recognising learning outcomes for individuals and organisation. (Debrief).

#### **QUESTIONS**

- As an individual what do you feel went well?
- As a team what do you feel went well?
- Were there any challenges?
- What do you feel did not go so well?
- How do you feel?
- Do you require Support? (Emotional/pastoral).
- What can I as an individual & as a team/organisation do differently? (Learning outcome).



## Our Team and our offer to Carers

Team name: Intensive Health Outreach Team

### 1. *We always:*

- Register there is a Carer on RiO

And offer carers/parent carers

- Carers Booklet
- Team Information and contact details for the Carer to get in touch with us
- Carer Assessment
- Connection to Carers Gloucestershire/Gloucester Young Carers as required so carers can access support for themselves and young carers
- General information about mental health and learning Disability conditions and their management including medication
- We ask the Carer's views about what will support the patient

### 2. *When consent to share is present*

- We involve the Carer in formal Care Planning if they and the patient want this
- We keep the Carer updated informally about relevant information
- We keep the Carer informed about transitions between services and teams

### 3. *Our team also offers carers/parent carers the following when it is appropriate to do so:*

- Information and training on sepsis; this includes 'A guide for Patients & relatives' (UK sepsis Trust), 'Just ask could it be sepsis?' leaflet (UK sepsis Trust /NHS), Community Carers Sepsis Screening and Action Tool (UK sepsis Trust), sepsis awareness pack (2gether NHS Trust) and training
- Training for carers in relation to detecting & responding to deteriorating health, including sepsis awareness training to aid identification
- Guidance and information about Annual Health Checks and Annual health plans
- Basic tissue viability training

