<**Relative’s name>**

<Street name>

<Town>

Restricted: Personal

00 December 2020

<County>

<Postcode>

**Covering letter for a Relative of a resident
unable to consent for themselves**

Dear <name of Relative>

**COVID-19 Vaccination for Residents and Staff**

I would like to inform you that we will soon be making COVID-19 vaccinations available to all our staff and residents.

We have assessed that <name of care home resident> lacks mental capacity to consent to the vaccination. The clinician offering vaccination will consider taking a ‘best interests decision’ on whether they should receive the vaccine. To inform this decision, please indicate whether you would agree with a decision that the vaccine be given in their best interests.

More information about making a decision in a person’s best interests can be found here: [www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/](https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/). You may also wish to discuss this with your relative’s carers.

If you hold valid and applicable Power of Attorney for Health and Welfare for your relative, please let us know and we can update our records accordingly.

This vaccination will be free of charge and our highest priority is delivering the vaccines to care home staff and residents as soon as the vaccine is available.

Through vaccination of our staff and residents we aim to help protect individuals from becoming unwell with or dying from COVID-19 disease. It will also help reduce the risk of COVID-19 outbreaks occurring in the home. Information about COVID-19 vaccines is available at: [www.gov.uk/government/collections/immunisation](https://www.gov.uk/government/collections/immunisation) and [www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine](http://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine)

For women of childbearing age, please read the detailed guidance at: [www.nhs.uk/covidvaccination](https://www.nhs.uk/covidvaccination)

Indications are that some vaccine recipients may experience a painful heavy arm where they had the injection and may feel tired or have a mild fever for a couple of days. These are common side effects following vaccination and our staff will be mindful of these and do all they can to help keep residents as comfortable as possible following their vaccination. 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.

During the vaccination delivery we will maintain the range of measures we have in place to keep our staff and residents safe from COVID-19. Staff giving the vaccine will be wearing personal protective equipment and will abide by all our cleaning and disinfection requirements.

Once we have gathered your views, we can make a decision on whether to schedule the vaccination appointments. Please note two doses of the vaccine may be required.

Please indicate whether you would agree with a decision that the vaccine be given in your relative’s best interests by returning the attached form to the care provider. By confirming your view, you will be playing your part in protecting residents and staff from catching and spreading COVID-19.

Best wishes,

**<Name>**

<Job title>

<Care home name>