

DEPARTMENT OF FAMILIES CIRCULAR

Date: April 30, 2021

CIRCULAR NUMBER: COVID-19 2021-17(r)

To: Community Living disABILITY Services Staff and Service Providers

Subject: Obtaining Consent for COVID-19 Vaccinations – Revised

Type: ☐ Policy

☒ Procedure

Effective Date: Immediately

Every Manitoban who wants a COVID-19 vaccine must provide informed consent prior to being vaccinated. **Now that all Community Living disABILITY Services (CLDS) participants are eligible for vaccination**, the department wants to ensure those who want to be vaccinated are prepared for their appointments. Given this, the consent process should start immediately for **every CLDS participant who wants to be vaccinated, but has not yet been vaccinated.**

Consent Requirements

A [COVID-19 Vaccine Consent Form](#) (“consent form”) must be completed for all individuals who want to be vaccinated. Consent forms are valid for one year from the date of signature.

For individuals who have a substitute decision maker (SDM) for personal care, including the Public Guardian and Trustee (PGT), the SDM’s consent for the individual to receive the vaccine is required. SDMs must retain a copy of the signed consent form for their records.

For individuals whose SDM is the PGT, the individual’s physician/nurse practitioner must complete Section B of the consent form. In addition, the physician/nurse practitioner must provide the individual with a signed Physician/Nurse Practitioner COVID-19 Immunization Support Letter (“support letter”).

Note: Individuals whose SDM is the PGT, but have the legal authority to make their own decision regarding vaccination, can provide their own consent. In this situation, the department still strongly encourages the individual’s physician/nurse practitioner to complete Section B of the consent form and provide the individual with a support letter.

For individuals who do not have a SDM, or have a SDM other than the PGT, the department strongly encourages the individual’s physician/nurse practitioner to complete Section B of the consent form and to provide the individual with a support letter.

The support letter template is attached to this circular. Physicians/nurse practitioners may choose to use their own letter template. This is acceptable as long as the letter is signed, dated and includes the physician/nurse practitioner's name and phone number. The purpose of the support letter is to minimize possible questions or delays at the time of vaccination.

Consent Form

Section A The individual, their service provider, SDM and/or physician/nurse practitioner (see Section B below) completes "A. Client Information". Multiple people may contribute to the completion of the consent form.

Section B If the individual's SDM is the PGT, "B. Health History of Client" must be completed by a physician or nurse practitioner.

If the individual does not have an SDM, or has an SDM other than the PGT, the department strongly encourages that "B. Health History of Client" be completed by a physician or nurse practitioner.

Ideally, this section will be completed as part of a conversation, providing an opportunity for any questions about COVID-19 vaccination to be addressed.

Section C If the individual is legally able to make their own decisions, they complete "C. Informed Consent" by dating and signing option "2. Consent by client".

Note: If the individual is able to make their own decisions and verbally provide their consent, but are physically unable to date or sign option "2. Consent by client", leave this section blank. The individual will verbally provide their consent at the time of vaccination. A support letter from their physician/nurse practitioner is strongly encouraged in this situation, as it may minimize possible questions or delays at the time of vaccination.

If the individual has a SDM other than the PGT, the SDM must complete, date and sign option "1. Consent by legal decision maker".

If the individual's SDM is the PGT, the PGT must complete, date and sign option "1. Consent by legal decision maker".

Section D If the individual is legally able to make their own decisions, they complete "D. Consent for Use and Disclosure of Contact Information" by providing their signature and the date.

If the individual has a SDM other than the PGT, the SDM must complete "D. Consent for Use and Disclosure of Contact Information" by providing their signature and the date.

If the individual's SDM is the PGT, the PGT must complete "D. Consent for Use and Disclosure of Contact Information" by providing a signature and the date.

Support Letter

The support letter confirms that the physician/nurse practitioner assisted the individual to complete the individual's consent form, and that in the physician/nurse practitioner's professional

opinion, the benefit of the individual being vaccinated against COVID-19 outweighs any potential risks or side effects that may be associated with the vaccine.

Process for Individuals Who Are Supported By a Residential Service Provider Agency

For individuals who want to be vaccinated and are supported by a residential service provider agency (i.e., shift-staffed home, cluster living arrangement, In the Company of Friends, supported independent living or agency-supported home share), the residential service provider is responsible for ensuring consents are completed for all individuals.

For individuals whose SDM is the PGT, the residential service provider must submit copies of the completed consent forms (other than Sections C and D) and support letters via fax to the RRT at 204-948-4511, as the RRT is responsible for obtaining consent from the PGT. Once the PGT provides consent, the RRT will fax the completed consent form back to the residential service provider.

Residential service providers and/or individuals must retain copies of all completed consent forms and support letters (where applicable), as the individual will need to present these documents at the time of vaccination.

Process for Individuals Who Are Not Supported By a Residential Service Provider Agency

For individuals who want to be vaccinated, are not supported by a residential service provider agency (e.g., private home share, on their own or with family), the individual, their family, support network and/or SDM (if applicable), are responsible for ensuring consent is completed, unless the individual has the PGT as SDM for personal care, in which case the individual's community service worker (CSW) is responsible for ensuring consent is completed.

For individuals who have the PGT as SDM, the individual's community service worker (CSW) will obtain copies of the individual's completed consent form (other than Sections C and D) and support letter and submit them to the RRT via email at RRT@gov.mb.ca or via fax at 204-948-4511, as the RRT is responsible for obtaining consent from the PGT. Once the PGT provides consent, the RRT will email or fax the completed consent form to the CSW, who will then provide it to the individual.

Individuals must retain copies of all completed consent forms and support letters (where applicable), as the individual will need to present these documents at the time of vaccination.

More Information

Residential service providers and individuals must ensure consent is in place prior to the appointment. If consent is not in place 24 hours before the vaccination appointment, the residential service provider or individual will need to reschedule the appointment to a future date by calling the general vaccination phone number at 1-844-626-8222.

The RRT email address is RRT@gov.mb.ca and the fax number is 204-948-4511. If you have any questions, contact the RRT by email or by telephone at 1-866-906-0901.

For general information about the COVID-19 vaccines, visit: www.manitoba.ca/vaccine. For answers to frequently asked questions, visit: <https://www.gov.mb.ca/covid19/vaccine/faq.html>.

Attachments:

1. COVID-19 Vaccine Consent Form
2. Physician/Nurse Practitioner COVID-19 Immunization Support Letter