

 Saskatchewan Health Authority	Work Standard #: CV-19 WS0089	
	Title:	COVID-19 Immunization for Individuals <u>without Capacity or Substitute Decision Maker (SDM)</u>
	Role Performing Activity:	Designated Treatment Providers
<h1>WORK STANDARD</h1>	Location: Saskatchewan Health Authority	Department/Unit: COVID-19 Immunization Clinics
	Document Owner: Sheila Anderson, EOC Vaccine chief	Date Prepared: March 26, 2021
	Last Revision:	Date Approved: April 27, 2021
	Related Policies/Documentation See list below	

Work Standard Summary:

The purpose of this work standard is to outline a process to authorize COVID-19 vaccine administration according to the requirements of *The Health Care Directives and Substitute Health Care Decision Makers Act* (“HCSDM”) for individuals who:

- do not have the capacity to make a health care decision ; and
- do not have a health care directive, proxy, personal guardian or nearest relative (collectively “SDM”) to provide consent.

This work standard supports the delivery of the Saskatchewan COVID-19 Immunization Delivery Plan (the “Plan”) and identifies a category of COVID Vaccination Providers as designated Treatment Providers who may administer COVID-19 vaccine in accordance with this work standard.

Definitions:

For the purpose of this work standard, the following terms are defined:

- “COVID Vaccination Provider: is defined as in *The Disease Control Regulations* and the Plan.
- “Treatment Provider” is defined as in the HCSDM Act.
- “Designated Treatment Provider” is defined as a COVID Vaccination Provider who is a licensed physician, nurse practitioner, registered nurse working as a public health nurse, registered nurse or registered psychiatric nurse.

Essential Tasks for Designated Treatment Providers	
1.	Receive information confirming that the individual has been previously assessed as having ongoing incapacity to make health care decisions.
2.	Follow applicable regional informed consent policy and procedure to confirm that: <ul style="list-style-type: none"> - the individual does not have capacity to make health care decisions; and - a reasonable attempt to find possible SDMs to provide consent as outlined in the HCSDM Act has been made and there is no one available to provide consent.
3.	Use the following form to document the consent process: <ul style="list-style-type: none"> • SHA 0132 COVID-19 Vaccine Consent Without Capacity or Substitute Decision Maker

4.	Ensure that Individual has been assessed by their primary health care practitioner to determine if there are any contraindications to administration of the COVID-19 vaccine. This is to be documented in the individual's care record or personal file. The documentation can be direct from the primary physician or a documented phone conversation between the primary physician and Designated Treatment Provider.
5.	Two Designated Treatment Providers (NOTE: if two nurses, one must be a Public Health Nurse) review the individual's eligibility for the immunization and assess any risks according to the screening questions and precautions document based on the available health information.
6.	The Designated Treatment Provider who will administer the COVID-19 vaccine must believe the vaccination is needed by the individual and the second Designated Treatment Provider must agree in writing. This is documented in the individual's care record or personal file.
7.	If appropriate, and if the individual allows the injection, the vaccine is administered and documented in Panorama per usual practice.
8.	Provide the individual's care provider with after care instructions and information about a second dose, if applicable.

fRHA Consent Documents

Name of former health region	Policy/Procedure/Form/Document Title	Document #
Cypress	Consent to Treatment and Refusal of Treatment Policy	3-050
Cypress	Consent for Treatment Form	TS 0011/06-17
Five Hills	Consents for Treatment Policy	II-100
Five Hills	Consent for Treatment of Out-of-Country Clients Policy	II-105
Five Hills	Immunization Consent and Record – LTC Form	NF234
Five Hills	Form for Consent for Treatment	S00444
Keewatin Yatthé	Admission Consent & Consent for Treatment Policy	3.1
Keewatin Yatthé	Consent to Treatment Policy	046
Kelsey Trail	Consent for Treatment Policy	3-125
Kelsey Trail	Consent	MH-34
Mamawetan	Informed Consent Policy	PS-022
Prince Albert	Consent for Treatment received in Hospital	130-3-3.5
Regina	Informed Consent Policy	1-1-7
Regina	Informed Consent Procedure	1-1-7
Saskatoon	Informed Consent Policy	7311-50-002
Sun Country	Treatment in Hospital or Health Centre Consent Policy	IPC-45-03-05
Sunrise	Informed Consent Policy	460.002
Sunrise	Informed Consent Procedure	460.002.1
Sunrise	Treatment in Hospital or Health Centre Consent Policy	710.030