**SEASONAL FLU VACCINATION CONSENT FORM**

Flu is a highly infectious acute viral infection of the respiratory tract and can rapidly spread; **even people with no symptoms can still infect others.**

The NHS offer the seasonal flu vaccination each year to reduce the risk of staff contracting the virus and transmitting it to their patients, colleagues, and family. The elderly, the very young, and people with underlying medical conditions are at a greater risk of suffering severe illness. However, even previously healthy people and the young can develop severe complications from influenza including bronchitis, secondary bacterial pneumonia and, more rarely, meningitis, encephalitis and/or death.

The vaccine effectiveness varies each season due to its ability to evolve; overall efficacy is between 50-60%. It **is best to get the vaccination as early as possible** in the season before flu begins to circulate in the community: **the vaccine takes about two weeks to fully develop** in your immune system.

Frontline healthcare workers **are more likely to be exposed** to the influenza virus with estimates suggesting that **up to one in four** may become infected during a mild influenza season - a much higher incidence than expected in the general population. This year, with COVID also circulating, protecting yourself and everyone around you is even more important than usual.

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| **First Name:** |  | **Last Name:** |  | | | | | | | |
| **Directorate:** |  | **Employee Number:** |  |  |  |  |  |  |  |  |
| **Patient Facing:** |  | **Non- Patient Facing:** |  | | | | | | | |

**ACCEPT:** I consent to **THE EAST OF ENGLAND AMBULANCE SERVICE** administering the flu vaccination.

I also consent to **Anaphylaxis** treatment in the event of an adverse reaction to the flu vaccination.

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| **PLEASE COMPLETE IF YOU CONSENT:** | | **YES** | **NO** |
| Have you a known allergy to eggs or feathers | |  |  |
| Have you had a confirmed allergic reaction to a previous flu vaccination | |  |  |
| Are you allergic to any of the components of the vaccine? \* Inc. potassium chloride, monobasic potassium phosphate, dibasic sodium phosphate dihydrate, sodium chloride, calcium chloride dihydrate, magnesium chloride hexahydrate and water for injections | |  |  |
| Have you had an illness affecting the nervous system, especially Guillain-Barre Syndrome (GBS) | |  |  |
| Are you taking any medication which affects the immune system | |  |  |
| IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS YOU **WILL NOT BE INVITED** TO ATTEND FOR YOUR VACCINATION IN WORK. WE ADVISE THAT YOU CONTACT YOUR GP. | | | |
| Signature: |  | | |

*\*the patient information leaflet is available from EAST24 or at the flu clinic*

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| **Vaccinator Use Only:** | | | | | | |
| Vaccine Manufacturer | Sanofi |  | Other |  | Name of vaccine |  |
| Lot number/Expiry date | (sticker here) | | | | Vaccine date, time, site |  |
| HCPC Number |  | | | | Signature |  |
| Left/Right Arm |  | | | | Name of vaccinator |  |

**Healthcare workers may transmit this highly transmissible illness** to patients even if they are mildly or sub-clinically infected. Immunisation against infectious disease (The Green Book), recommends that healthcare workers directly involved in patient care be vaccinated annually. It is also encouraged by the General Medical Council as part of good medical practice, and by the British Medical Association (BMA). NHS and social care bodies have a responsibility to ensure, as far as is reasonably practicable, that health and social care workers are free of, and are protected from, exposure to infections that can be caught at work (Health and Social Care Act 2008, Code of Practice on the prevention and control of infections).

**All healthcare workers have a duty of care to protect their patients from the risk of infection,** and having the vaccine is one of the most effective methods to reduce this risk. Evidence shows that vaccination significantly lowers rates of flu-like illness, hospitalisation, and mortality in the elderly and vulnerable patient groups. Good infection control measures can also help to reduce the risk of flu transmission; however alone they are not enough. Further details regarding the effectiveness of the flu vaccine and common myths can be found on East24, on stations, NHS Employers website, or by contacting [flu@eastamb.nhs.uk](mailto:flu@eastamb.nhs.uk).

The flu vaccine has a good safety record and despite the myths **it is not possible to get flu** from the vaccine.

**KEY POINTS:**

* HCPC Standards of conduct, performance and ethics stipulate that **“You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible”**
* You have **a duty of care** as professionals to patients to do everything in your power to protect them from infection, including being immunised against flu
* Everyone is susceptible to flu, even if you are in good health and eat well
* You can be infected with the virus and have no symptoms but can still pass it on to others
* The impact of flu on frail and vulnerable patients can be fatal and outbreaks can cause severe disruption in communities and healthcare facilities
* Good infection control measures can help to reduce the spread of flu, but are not sufficient alone to prevent the spread
* The flu vaccine has a good safety record and will help protect you, your family, your colleagues, and patients. Your actions can encourage your colleagues to do likewise
* **Having the flu vaccine cannot give you flu**

**ARE YOU SAFE TO CARE?**

**DECLINE:**  I have read the key points and **DO NOT** consent to **THE EAST OF ENGLAND AMBULANCE**

**SERVICE** administering me the flu vaccination

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| **PLEASE INDICATE BELOW ALL REASONS FOR DECLINE:** | | | | | | | |
| I have read the key statements and choose to decline the vaccination | | | | | | |  |
| I am receiving the vaccine through an alternative route | GP |  | Pharmacist | |  | Other |  |
| Allergies/ exceptions | Eggs |  | Other component | | | |  |
| I have had an adverse reaction to the vaccine in the past (please provide details below) | | | | | | |  |
| Details of adverse reaction: | | | | | | | |
| I would like someone to contact me personally as I wish to ask further questions. | | | | PHONE NUMBER: | | | |

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| **THE ABOVE DETAILS ARE TRUE AND ACCURATE STATEMENTS** | | | |
| **Signed:** |  | **Date:** |  |
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