

RISK ASSESSMENT and DISCUSSION TOOL * for COVID-19 mRNA Vaccination

*For documentation of discussion about whether to proceed with COVID-19 vaccination

Risk Assessment and informed consent discussion conducted by (MRP): _____ Date/time: _____	<input type="checkbox"/> Capable resident <input type="checkbox"/> Resident's substitute decision maker (Resident not capable): Name: _____ Tel: _____
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This risk assessment discussion occurred prior to Covid-19 vaccine administration because the following precaution was identified: _____

Precaution:

- immunosuppression due to a medical condition/medication;
- or**
- autoimmune disorder;

Or

- Lab-confirmed history of Covid-19 infection *and* previous treatment with convalescent plasma or monoclonal antibody.

Background:

The Covid-19 vaccine is not recommended for those populations that are immunosuppressed (due to disease or treatment) or those with an autoimmune disorder.

Background:

There is insufficient evidence on the receipt of both a Covid-19 vaccine and monoclonal antibodies or convalescent plasma for treatment/prevention of Covid-19.

Therefore, timing of administration and potential interference between these two products are currently unknown, and expert clinical opinion should be sought on a case-by-case basis.

- o A complete series of Covid-19 vaccine may be offered to individuals who have recovered from PCR-confirmed SARS-CoV-2 infection.

Discussion:

- The risks and benefits of Covid-19 immunization was discussed.

The discussion included the statement:

- "There is an absence of evidence on the use of Covid-19 vaccine in populations who are immunosuppressed".
- In consideration of the high risk of Covid-19 associated morbidity and mortality, and the best information available at this time, it is recommended the resident proceed with immunization to prevent Covid-19 infection.
- Adverse events from vaccination are described (**Local:** pain, swelling, redness; **Systemic:** fatigue, headache, myalgia, chills, arthralgia, fever, nausea and vomiting).

DECISION REACHED BY RESIDENT/ DECISION MAKER:

- PROCEED WITH COVID IMMUNIZATION**
- DO NOT PROCEED WITH COVID IMMUNIZATION**

Prescriber's Signature

Printed Name

College ID