

<Staff Member Name>

<Street name>

<Town>

<County>

<Postcode>

Restricted: Personal

00 December 2020

Covering letter for consent form for Social Care staff

Dear <Member of staff's name>

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 and would like to ask if you wish to give your consent to be vaccinated.

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

Through vaccination of all our staff we aim to help protect individuals from becoming unwell with or dying from COVID-19 disease. It will also help reduce the risk of staff spreading infection to vulnerable clients, patients and family members.

Information about COVID-19 vaccines is available at:

www.gov.uk/government/collections/immunisation and 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

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. If required paracetamol may help to reduce these effects and keep you as comfortable as possible following 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 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 your consent, we will schedule the vaccination appointments. Please note two doses of the vaccine may be required.

Please confirm your consent by returning the attached form to the vaccination service provider.

By consenting you will be playing your part in protecting all residents and staff from catching and spreading COVID-19.

Best wishes,

<Name>

<Job title>

<Organisation's name>