**Instructions for use:**

Review the outreach assessment table below and then complete the table on page 2.

Note: You do not need to complete the outreach assessment table on this page; this is purely to help guide your decision in making an outreach request.

Note:

* Refer to the Mature Minor Consent document (attached) to determine if youth can provide consent on their own.
* Document the conditions/rationale for an outreach visit as per assessment questions below.

**Youth Outreach Assessment Questions:**

|  |  |
| --- | --- |
| **Yes/ No** | **Assessment Questions:** |
|  | Is the youth capable of providing their own mature minor consent? (see attached Mature Minor Consent document) |
|  | Could the youth be transported to a community clinic? Note drive-through community clinics are available.  |
|  | Will the legal guardian be available on the day of the immunization? (This can be done by phone if they cannot attend in-person) |
|  | Are there identified challenges for the youth that would prevent them from attending a community immunization clinic? * mobility - wheelchair, walker
* sensory - vision/hard of hearing/other
* cognitive-intellectual disability;
* communication-verbal/non-verbal; are there any communication devices used
* behavioural – (e.g. aggressive/combative/fearful)
* other
 |
|  | Are there strategies that may work to support the youth through the immunization process in a community immunization clinic?* For example: distraction techniques, such as a favourite book/toy; music/iPad
* Could a family member/friend or other support person be present to provide support
 |

If a consent is being provided by the legal guardian, please ensure the guardian is familiar with the health history of the youth especially in relation to the vaccine screening questions. They should review the attached COVID-19 vaccine screening checklist and the COVID-19 vaccine health file.

**Your Facility Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Name** | **Address** | **City** | **Facility Capacity** | **Facility Contact Name** | **Contact Email Address** | **Contact Phone Number** | **Additional Comments** |
|  |  |  |  |  |  |  |  |

NOTE: Please only complete this form with client information for those you are requesting an outreach visit for. Youth able to attend a community clinic location should not be included in this form.

**Youth Information:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name of Youth** | **Date of Birth** | **PHN** | **Youth Guardian** | **Guardian Contact Phone Number** | **Requires Outreach – Y/N** | **Outreach Rationale**  | **Youth Capable to Provide Mature Minor Consent – Y/N** | **Guardian Present for Immunization** |
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Please return completed form to Fraser Health Nursing Support Services team at FHNSS@fraserhealth.ca

Upon return of this form a member of our nursing support services team will contact you to assess the request and coordinate obtaining consent, if required. The team will then connect you with the Fraser Health COVID-19 outreach team to schedule the on-site COVID-19 immunization.