



CONSENT FOR INFLUENZA VACCINE FOR ADULTS ASSESSED AS INCAPABLE OF GIVING INFORMED CONSENT

SECTION 1: CLIENT PERSONAL INFORMATION

Form with fields for Client Last Name, Client First Name, CareCard Number, Gender (Male/Female), and Date of Birth (YYYY / MM / DD).

SECTION 2: PERSONAL GUARDIAN / REPRESENTATIVE / TEMPORARY SUBSTITUTE DECISION MAKER (TSDM) INFORMATION AND CONSENT

Form with fields for Association to Client (Personal Guardian, Representative, TSDM), Name of Personal Guardian / Representative / TSDM, Daytime Phone Number, and a consent statement with signature and date lines.

SECTION 3: HEALTH CARE PROVIDER USE ONLY - CLIENT IMMUNIZATION RECORD

Form for health care provider use, including a confirmation checkbox, consent provided by options (Personal Guardian, TSDM, Health Care Plan), signature and date lines for the nurse, and a table for recording immunization details (Date Given, Site, Lot #, Nurse Signature).

Personal information collected on this form may be used by the health authority to update the client's immunization record. The information will be used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act.

The following information is from sections of the *Health Care (Consent) and Care Facility (Admission) Act (HCCCFAA)*

**PERSONAL GUARDIAN**

The following provisions of the *Health Care (Consent) and Care Facility (Admission) Act (HCCCFAA)* authorize a health care provider to act upon consent given on behalf of an adult.

“**Personal Guardian**” means a committee of a person who is declared under the *Patients Property Act* to be:

- (i) incapable of managing himself or herself, or
- (ii) incapable of managing himself or herself and his or her affairs.

**REPRESENTATIVE**

A representative is a person named by an adult in a representation agreement to help the adult make health care decisions or to make health care decisions on behalf of the adult.

**TEMPORARY SUBSTITUTE DECISION MAKER (TSDM)**

A temporary substitute decision maker, chosen by a health care provider as provided for in the *HCCCFAA* may consent to healthcare.

**s.16 (1)** To obtain substitute consent to provide major or minor health care to an adult, a health care provider must choose the first, in listed order, of the following who is available and qualifies under subsection (2):

- (a) the adult’s spouse;
- (b) the adult’s child;
- (c) the adult’s parent;
- (d) the adult’s brother, sister, grandparent or grandchild;
- (e) anyone else related by birth or adoption to the adult;
- (f) a close friend of the adult;
- (g) a person immediately related to the adult by marriage.

**(2)** To qualify to give, refuse or revoke substitute consent to health care for an adult, a person must

- (a) be at least 19 years of age,
- (b) have been in contact with the adult during the preceding 12 months,
- (c) have no dispute with the adult,
- (d) be capable of giving, refusing or revoking substitute consent, and
- (e) be willing to comply with the duties in section 19.

**(3)** If no one listed in subsection (1) is available or qualifies under subsection (2) or if there is a dispute about who is to be chosen, the health care provider must choose a person, including a person employed in the office of the Public Guardian and Trustee, authorized by the Public Guardian and Trustee.

**(4)** A health care provider is not required to do more than make the effort that is reasonable in the circumstances to comply with this section.

**AUTHORITY OF A TEMPORARY SUBSTITUTE DECISION MAKER**

**s.17 (1)** Subject to section 9 (2), a person chosen under section 16 has the authority to decide whether to give or refuse substitute consent.

**(2)** The health care provider must, no more than 21 days before that health care begins, confirm in writing that

- (a) the adult is still incapable, and
- (b) the person who earlier consented to the health care being provided confirms that the health care should begin.

**s.17 (2.1)** Despite subsection (2) and whether or not the health care that is the subject of the decision made under subsection (1) has begun, if at any time a health care provider has reasonable grounds to believe that the adult may be capable of giving or refusing consent to health care, the health care provider must again determine whether the adult remains incapable.

**(2.2)** If, at any time after a decision is made under subsection (1), the adult is capable of giving or refusing consent to health care

- (a) the authority to give or refuse substitute consent to health care for the adult is terminated,
- (b) the decision made under subsection (1) is rescinded, and
- (c) before the health care that is the subject of the decision made under subsection (1) is begun or continued, the adult must give consent to that health care.

**(2.3)** Subsection (2.2) does not invalidate anything that is otherwise validly done before the decision made under subsection (1) is rescinded.

**HEALTH CARE PLAN**

A health care plan is developed by a health care provider, and is signed and dated by both the health care provider and the substitute decision maker. The health care plan should contain the following information for an immunization to be given:

- client identification (name and date of birth)
- statement of consent
- statement that the person providing consent has reviewed and understood the vaccine-specific Standard Information
- date of consent
- name of vaccine series
- signatures of health care provider and substitute decision maker