



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

SECTION 1: CLIENT PERSONAL INFORMATION

Client Last Name, Client First Name, Personal Health Number, Gender (Male/Female), Date of Birth (YYYY / MM / DD)

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

Association to Client (Personal Guardian, Representative, TSDM), Name of Personal Guardian / Representative / TSDM, Daytime Phone Number

I have read or had explained to me the HealthLinkBC File information on the _____ vaccine available at http://www.healthlinkbc.ca/healthfiles/httoc.stm. I understand the benefits and possible reactions of the vaccine and the risk of not getting immunized. I have been informed of any medical reason why the above named vaccine should not be given to the above named client. I understand that in the rare occurrence of anaphylaxis, emergency treatment will be provided. I have had the opportunity to ask questions that were answered to my satisfaction.

I consent to the above named client receiving _____ vaccine or vaccine series.

Signature of Personal Guardian / Representative / TSDM, Date Signed (YYYY / MM / DD)

SECTION 3: HEALTH CARE PROVIDER (HCP) USE ONLY – CLIENT IMMUNIZATION RECORD – _____ VACCINE

I confirm the above named client is incapable of giving informed consent for the above named vaccine.

CONSENT OBTAINED FROM:

Personal Guardian / Representative

OR

Temporary Substitute Decision Maker (TSDM): I am administering the above named vaccine no more than 21 days after the consent was signed.

OR

Health Care Plan: I confirm that the health care plan is in effect and was signed by Personal Guardian/Representative/TSDM within the last 12 months.

Signature of Health Care Provider, Date Signed (YYYY / MM / DD)

HEALTH CARE PROVIDER USE ONLY – TELEPHONE CONSENT

Telephone consent obtained from, Phone number called, Date (YYYY / MM / DD), Relationship, HCP signature, Time (AM/PM)

Table with 5 columns: Date Given (YYYY / MM / DD), Site (LA, RA), Route, Product/Lot #, Health Care Provider 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