

SECTION F: HEALTH, SAFETY AND WELLNESS	POLICY NAME: CONSENT
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1. POLICY:

1.1. Community Living Grimsby, Lincoln and West Lincoln is committed to ensuring consent is obtained for any collection, use or disclosure of personal information regarding an individual supported by the agency.

2. THE CONSENT MUST:

- a) Relate to the treatment and/or support requested.
- b) Be informed.
- c) Be given voluntarily.
- d) Not be obtained through misrepresentation or fraud.
- e) No employee of Community Living, Grimsby, Lincoln and West Lincoln can sign for any consent on behalf of an individual supported by the agency.

3. HEALTH CARE

All Health Practitioners (refer to Health Care Act, 1996) are to obtain consent for anything that is therapeutic, preventative, diagnostic, cosmetic or other health-related purpose and includes:

- a) A course of treatment.
 - b) A plan of treatment.
- 3.1. The Health Practitioner must obtain an informed consent based on the above criteria. In a 911 emergency situation, the consent permission is implied for the Health Practitioner.
- 3.2. If taking a person to a health care practitioner's office and a treatment/medication is prescribed, the Support Worker can proceed immediately if:
- a) the health care practitioner feels treatment procedure is of little risk or no harm i.e. Chest X-Ray

OR

- b) an emergency situation i.e.: an infection that may cause hospitalization if treatment is not begun
- 3.3. The health care practitioner must document **a)** or **b)** in his notes before a Support Worker can proceed with treatment/medication.
- 3.4. If the health care practitioner feels that the person is not capable of consent, the Substitute Decision-Maker for that individual must be consulted if the treatment is not pre-approved on a treatment plan. A Decision-Maker is appointed according to the list in the Substitute Decision Act 20.1.

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3.5. As an agency if we feel the welfare of an individual is in jeopardy, the Public Guardian and Trustee may be contacted at 905-546-8300 to assist.

3.6. When going to an appointment with any person being supported, the Health Practitioner must indicate to the support person if he/she believes the individual is capable of giving consent for that particular health issue or if the Substitute Decision-Maker consent is required.

4. **CAPACITY**

4.1. Being capable means a person is able to understand the information that is relevant to making a decision and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision. The Health Practitioner proposing the treatment determines the patient's capacity to give/refuse consent for the treatment.

4.2. Any employee of Community Living, Grimsby, Lincoln and West Lincoln can answer a Health Practitioner's question to help them determine capacity, but are never to make that decision.

4.3. For the individual supported by the agency, capacity will vary depending on the treatment and/or individual's situation.

4.4. Treatment means anything that is done for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health related purpose and includes a course of treatment or plan of treatment.

4.5. The treatment plan must:

a) Relate to a current health condition, or one that can be reasonably anticipated for this person given his/her current health condition.

4.6. The current health condition includes a description of the person's current health status, including the person's ability to interact with people in his/her environment, and any relevant history that has contributed to the current health status.

4.7. Treatment should be reasonable, comprehensive (examines all considerations), including considerations of what treatments to utilize i.e. (lab work) how long to employ them and when and how to stop the treatments. This information will be included in the Individual Support Plan.

5. **POWER OF ATTORNEY FOR PERSONAL CARE**

5.1. Power of Attorney (POA) kits are available to help people make their wishes known prior to an emergency situation. This information is to be written on the forms then dated and signed prior to placing in file. If the Substitute Decision-Maker contests the document, the person's capacity will be assessed by the courts, based on the person's capacity the date the POA kit was signed.

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5.2. This package can be filled out for one or both of the following reason:

- a) To appoint a guardian if the person's choice differs from the order of the list in The Substitute Decision Act 20.1
- b) To write Instructions, Conditions and Restrictions of any nature concerning health care

5.3. Document either on the POA kit in the space provided or in the Individual Support Plan, any related information that pertains to the medical intervention they would want in case of serious incident. The circumstances around the discussion, date, time and who was in attendance, needs to be stated on the POA kit. The individual should also make his/hers wishes known to the family physician to prevent confusion.

5.4. It is role of the Support Worker to educate the individual of the purpose of the Power of Attorney Kit. Support Workers are to make the individual aware of options available for care in an emergency and for burial, so an informed choice can be made,

5.5. Power of Attourney and/or Substitute Decision-Maker will be revised annually with the personal plan.

5.6. No employee of Community Living Grimsby, Lincoln and West Lincoln can become a POA for an individual.

5.7. No person/family caring for an individual within their home, who is not part of their legal family, can be a POA for that individual.

6. **PROFESSIONAL OUTSIDE THE AGENCY**

6.1. No information will be shared with other professionals without the written consent from the individual or someone acting on their behalf.

7. **INTERNAL PRACTICES**

7.1. No information will be shared with anyone other than those who require information to provide direct support for the individual. The individual must consent for any information to be shared and this consent will be documented on their Individual Support plan or directly on the information being transmitted.

7.2. Each person supported by the agency will have a global consent form completed and on file, This Consent form will be reviewed annually.

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8. **PUBLIC/MEDIA**

8.1. Each individual must be provided the opportunity to consent to any public presentations or media contact. Each individual supported by the agency will have a global consent form on file. This consent for will be reviewed annually.