

SCOPE: The following Policies and Procedures apply to all people supported, employees, students and volunteers.

1. Consent

POLICY: Community Living Grimsby, Lincoln, and West Lincoln is committed to ensuring that consent is obtained for any medical treatments and any collection, use, or disclosure of personal information regarding people supported by the agency.

PROCEDURES:

- The consent must:
 - Relate to the treatment and/or support requested.
 - Be informed.
 - Be given voluntarily.
 - Not be obtained through misrepresentation or fraud.
 - No staff of Community Living Grimsby, Lincoln, and West Lincoln can sign for any consent on behalf of a person supported by the agency.

a. 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 course of treatment
 - A plan of treatment
- The Health Practitioner must obtain an informed consent based on the above criteria. In a 911 emergency situation, consent is implied for the Health Practitioner.
- If taking a person to a health care practitioner's office and a treatment/medication is prescribed, an employee can proceed immediately if:
 - A. The health care practitioner feels that the treatment procedure is of little risk or no harm (i.e. chest X-Ray)
 - OR**
 - B. An emergency situation (i.e. if emergency treatment is not immediately initiated the person will become further compromised)
- If the health care practitioner feels that the person is not capable of consent, the Substitute Decision-Maker for that person 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.
- As an agency, if we feel the welfare of a person is in jeopardy, the Public Guardian and Trustee may be contacted at 905-546-8300 to assist.

b. Capacity

- Being capable means a person is able to understand the information that is relevant to making a decision, and is able to appreciate the 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.
- An Employee can answer a Health Practitioner's question to help them determine capacity, but are never to make that decision.
 - For people supported by the agency, capacity will vary depending on the treatment and/or person's situation.
 - 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.
 - The treatment plan must relate to a current health condition, or one that can be reasonably anticipated for this person, given their health condition.
 - The current health condition includes a description of the person's current health status, including the person's ability to interact with people in their environment, and any relevant history that has contributed to the current health status.
 - 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.

c. Power of Attorney for Personal Care

- 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 the 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.
- This package can be filled out for one or both of the following reasons:
 - To appoint a guardian if the person's choice differs from the order of the list in The Substitute Decision Act 20.1.
 - To write instructions, conditions, and restrictions of any nature concerning health care.
- 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 person should also make their wishes known to the family physician to prevent confusion.
- It is the role of the staff directly supporting the person to educate them about the purpose of the Power of Attorney kit. Employees are to make people supported aware of options available for care in an emergency and for burial, so an informed choice can be made.
- Power of Attorney and/or Substitute Decision-Maker will be revised annually with the Individual Support Plan.

- No employee of Community Living Grimsby, Lincoln, and West Lincoln can become a POA for a person supported by the agency.
- No person/family caring for a person supported within their home, who is not part of their legal family, can be a POA for that person.

d. Professional Outside the Agency

- No information will be shared with other professionals without the written consent from

the person or someone acting on their behalf.

e. Internal Practices

- No information will be shared with anyone other than those who require the information to provide direct support for the person.
- Consent must be received for any information to be shared and this consent will be documented in their Individual Support Plan or directly on the information being transmitted.
- Each person supported by the agency will have a global consent form completed and on file. This consent form will be reviewed annually.

f. Public/Media

- All people supported must be provided the opportunity to consent to any public presentations or media contact.
- All people supported by the agency will have a global consent form on file for reference prior to any public/media use outlining how they want consent to be obtained.

REFERENCES:

- *Policy: Advance Care Directives (DNR)*

Annual review

Date Implemented	January 7, 1998		
Date	Oct. 10, 2019	Apr. 22, 2021	
Reviewed or Revised	Revised	Reviewed	