

# 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		Date of Birth (YYYY / MM / DD)
		Male	Female	
SECTION 2: PERSONAL GUARDIAN / REPRESENTATIVE / TEMPORARY SUBSTITUTE DECISION MAKER (TSDM) INFORMATION AND CONSENT				
Association to Client				
Personal Guardian Representative TSDM – list relationship to client: (see back page for defin				
Name of Personal Guardian / Representative / TSDM				Daytime Phone Number
I have read or had explained to me the HealthLinkBC File information on the				
I consent to the above named client receiving COVID 19			COVID 19	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 – COVID 19 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)				
Telephone consent obtained from	called		Date (YYYY / MM / DD)	
Relationship	HCP signature			Time AM PM
Date Given (YYYY / MM / DD) Site	Route		Product/Lot #	Health Care Provider Signature
LA	RA			

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*. Summary statistical information may be reported to the Ministry of Health. If you have any questions about the collection and use of this personal information, contact your local health unit. You may be contacted to request your participation in the evaluation of this immunization program.

## 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;
- (d) the adult's brother, sister, grandparent or grandchild;
- (b) the adult's child;
- (e) anyone else related by birth or adoption to the adult;
- (c) the adult's parent;
- (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 that the person providing consent has reviewed and understood the vaccine-specific Standard Information
- · name of vaccine series

- · statement of consent
- date of consent
- signatures of health care provider and substitute decision maker