Non-hospital Medical and Surgical Facilities Accreditation Program

ACCREDITATION STANDARDS

Consent

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Introduction

Physicians, dentists, oral maxillofacial surgeons, podiatric surgeons and nurses have both legal and ethical obligations regarding consent for proposed care and treatment. In British Columbia, the legal obligations are imposed by legislation, which limits and directs practice in relation to consent. The *Health Care (Consent) and Care Facility (Admission) Act* and the *Infants Act* are key statutes. Other legislation may also apply.

Valid consent is obtained before any health-care treatment, procedure or operation is provided to a patient at a non-hospital medical/surgical facility. Consent to treatment may be implied or specifically expressed (e.g. in writing).[17] The clinical situation determines the approach required.

In accordance with the *Infants Act*, section 17, minors (anyone under 19 years of age) can consent (or agree) to their own medical care if they are capable and the health care is in the minor's best interest.[13,17] The law considers a minor capable if they understand the need for medical treatment, what the treatment involves, and the consequences (benefits and risks) if they receive or do not receive the treatment.[13] There is no set age when a minor becomes capable. It depends on the maturity of the minor and the seriousness of the proposed treatment. Health-care providers use their judgment in each case to determine if a minor is capable.[14]

Consent

No.		Description	Reference	Risk	Change	Asmt.
IC1.0		**CONSENT**				
IC1.1		**Consent is obtained for all medical/surgical procedures performed in a non-hospital medical/surgical facility.**				
IC1.1.1	**M**	Consent for the medical/surgical procedure is obtained by the most responsible medical staff member. Guidance: A valid consent process includes a consent discussion with the patient, documentation of the consent discussion in the patient's medical records, and completion of a consent form. Responsibility for obtaining consent rests with the most responsible medical staff member (physician, dentist, oral maxillofacial surgeon, or podiatric surgeon) performing or proposing the care.	1,2,6,10,11,12,15	H		P, F
IC1.1.2	**M**	The consent discussion is documented in the patient's medical record. Guidance: The consent discussion explains the proposed treatment or course of treatment, the condition for which the health care is proposed, the nature of the proposed health care, the risks and benefits of the proposed health care that a reasonable person would expect to be told about, alternative courses of health care (and when indicated the likely consequences of no treatment). Documentation of the consent discussion includes the nature of the health care proposed, the risks, benefits and alternative(s) discussed with the patient, and any specific additional issues or concerns that arose in the discussion and how they were addressed. The anesthesiologist should include documentation of the anesthesia consent discussion with the patient on the anesthetic record.	2,3,4,6,7,9,10,11,12, 14,15	L		F

No.		Description	Reference	Risk	Change	Asmt.
IC1.1.3	**M**	CA written consent form is completed for the medical/surgical procedure. Guidance: A written consent form is completed for surgical operations, invasive procedures and when analgesic narcotic or anesthetic agents will affect the patient's level of consciousness during the treatment. This includes procedural pain management procedures performed for chronic pain. The consent form should be completed in the physician's office/consultation office and sent to the non- hospital booking office prior to the patient's admission to the non-hospital facility. If this is not possible, then the consent form should be completed and signed upon patient arrival at the facility. For anesthesia associated with surgery/procedures, the written consent form is not required to contain acknowledgement by the patient that explanations have been given about the proposed/planned anesthesia. However, the anesthesiologist should include documentation of the anesthesia consent discussion with the patient on the anesthetic record.	2,3,6,8,9,10,11,14,15	C		P, F
IC1.1.4	**M**	Abbreviations are not used in the consent form. Guidance: Procedure name(s) and side are written out in full.	14,15	H		P, F
IC1.2		**The consent form contains all of the basic elements.**				
IC1.2.1	**M**	The consent form includes the patient's legal given name and surname. Guidance: The patient's legal name (e.g. name on government identification or CareCard) and name used (i.e. the name specified by the patient that should be used in the context of health care; this may be different from their legal name) are filled out on the consent form.	2,3,8, 9,11,12	C	Revised	P, F

No.		Description	Reference	Risk	Change	Asmt.
IC1.2.2	**M**	The consent form includes the procedure(s) to be performed. Guidance: The consent form is specific to the procedure(s) or treatment(s) being proposed. Abbreviations are not used in the consent form (e.g. procedure name and side are written out in full).	2,3,4,8,11,12,14	C		P, F
IC1.2.3	**M**	The consent form includes the name of the medical staff person who will be performing the care, treatment or procedure. Guidance: Medical staff person refers to physician, dentist, oral maxillofacial surgeon or podiatric surgeon.	2,3,6,8,11	M		P, F
IC1.2.4	**M**	The consent form includes statements that explanations have been given about the nature of the care, treatment or procedure, risks and alternative forms of treatment or investigation. Guidance: The consent form includes acknowledgement by the patient that explanations have been given about the nature of the treatment, its anticipated effect and about any material risks and special or unusual risks, acknowledgement by the patient that alternative forms of treatment or investigation have been discussed, and acknowledgement by the patient that he or she is satisfied with the explanations and has understood them.	1,3,5,6,8,11,12	L	revised	P, F
IC1.2.5	**M**	The consent form includes the signature of the patient, guardian or representative. Guidance: A guardian is a person who has legal authority to make decisions on behalf of a minor and includes a parent of a minor. A representative is a person who has legal authority under the Representation Agreement Act to make health- care decisions on behalf of an incapable adult.	2,3,6,7,8,11	H		P, F

No.		Description	Reference	Risk	Change	Asmt.
IC1.2.6	**M**	The consent form includes the date. Guidance: This is the date the form is signed by the patient and witness. The consent remains valid unless: there is a change to the plan of care; a new procedure not covered by the previous consent; a change in the patient's condition where the treatment is no longer medically appropriate; or the patient withdraws consent.	2,3,12	M		P, F
IC1.2.7	**M**	The consent form includes the name and signature of the witness. Guidance: The patient's signature may be witnessed by the most responsible medical staff member or delegate (e.g. resident or fellow), by another member of the health-care team (e.g. nurse), by unregulated staff (e.g. office assistant) or by a family member. If signing of the consent form is witnessed by another member of the health-care team, the witness will ascertain that the patient is satisfied with the information that they have been given by the medical staff member or delegate and that all of their questions have been answered prior to having the patient sign the consent form. If this is not the case, the witness will notify the medical staff member or delegate.	2,3,6,7,8,11	L		P, F
IC1.3		**Consent is confirmed prior to and throughout the delivery of care from admission to discharge.**				

No.		Description	Reference	Risk	Change	Asmt.
IC1.3.1	**M**	Consent for the proposed care, treatment or procedure is verified. Guidance: During admission, prior to the patient entering the operating/procedure room, a regulated health professional verifies that consent has been obtained from the patient, guardian or representative. Nurses who participate in the delivery of care or treatment by other health professionals (e.g. surgery, anesthesia) confirm the identity of the patient, verify that consent has been given for the proposed care or treatment, ask the patient if they have sufficient information and understanding of the proposed care or treatment, help the patient to understand the information provided by others, and take action if the patient does not have sufficient information about the care or treatment, including informing the most responsible medical person.	1,2,3	C		F
IC1.3.2	**M**	The signed consent form is present in the patient's medical record. Guidance: The regulated health professional must ensure that a signed consent form is present in the patient's medical record before the patient is transferred to the operating/procedure room. If care for which the patient has consented to (i.e. signed consent form on health authority letterhead) is transferred to a non-hospital facility, a new consent form (i.e. signed consent form on non-hospital facility letterhead) is not required provided that all four of the following conditions are met: there has been no change in the health care being proposed, the medical staff member performing or proposing the care has not changed, the consent discussion is documented in the patient's medical record, and a copy of the signed consent form accompanies the patient.	3,8,9,11,12	C		F
IC1.3.3	**M**	Consent is verbally confirmed during the surgical safety checklist. Guidance: Prior to surgery as part of the surgical safety checklist briefing, consent is verbally confirmed with the patient and surgical team.	4	C		F

No.		Description	Reference	Risk	Change	Asmt.
IC1.4		**Policies and procedures contain all the information necessary for the safety of patients, staff and visitors.** Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non- hospital facility.				
IC1.4.1	**M**	There is policy and procedures for valid consent. Guidelines: The policy and procedures should outline the procedures and treatments requiring consent and the type of consent required (e.g. written consent form), the process for obtaining consent, and exceptions from obtaining consent (e.g. emergency health care). As applicable, the policy and procedures should also outline the process for obtaining consent from a minor, consent for involvement of trainees in care (e.g. medical students, residents), consent to take photographs, video or audio recordings of the patient, and referring patients to the Ministry of Health surgical wait-time website for procedures also performed by health authority facilities (e.g. ambulatory clinics, hospitals).	3,12,15	L		P, F

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Revision history

Date	Revisions
September 8, 2016	Original Publication (version 1.0)
December 30, 2017	Bylaws change program name to NHMSFAP (no content change) (version 1.1)
March 14, 2019	Substantial changes to content and format (version 2.0) (published March 29, 2019)
March 24, 2023	New College Logo (no content changes) (version 2.1) (published March 24, 2023)
November 21, 2024	ISQuaEEA Logo (no content changes) (version 2.3) (published November 21, 2024)
December 6, 2024	Various revisions (version 3.0) (approved November 14, 2024) • Criterion 1.2.1 to specify use of patient's legal name. • Criterion 1.2.4 to include more inclusive language. • Reference list updated. • References added. • Risk added.
April 1, 2026	Transcribed to new template (no content changes) (version 3.1)