



Patient Name	Date Care Initiated	Time	<h1>Patient Label</h1>
Facility and Department			
Health Care Provider Name and Designation			

SECTION A

The emergency health careⁱⁱ to be provided without consent, including whether hospitalization is required in order to provide the emergency healthcareⁱⁱⁱ, is described in the patient’s chart.^{iv}

SECTION B

- To the best of my knowledge, the patient is 19 or older.^v
- To the best of my knowledge, the patient is not certified under the *Mental Health Act*, or if they are certified, requires non-psychiatric care at this time.^{vi}

I have formed the opinion, for reasons that I have documented in the patients chart, that:

- It is necessary to provide the above health care without delay for **one of the following reasons^{vii}**:
 - in order to save the patient’s life,
 - to prevent serious physical or mental harm, **OR**
 - to alleviate severe pain.

AND

The patient is incapable^{viii} of giving or refusing consent.^{ix}

SECTION C

- There is no reasonable time in which to determine whether the patient has a personal guardian or representative and to communicate with such a person, as explained in the patient’s chart.^x
- OR**
- The patient’s personal guardian or representative refused substitute consent but in my opinion, the personal guardian or representative did not comply with their duties under the HCCCFAA or any other Act and the basis for my opinion is explained in the patient’s chart.^{xi}

SECTION D

- I do not have reasonable grounds to believe that the patient, while capable and after attaining the age of 19 years, has previously indicated a refusal to consent to this health care.^{xii}
- AND** I am not aware of an Advance Directive^{xiii} that the patient does not want the proposed health care.

SECTION E: To be completed by second health care provider (if applicable)

Second health care provider^{xiv xv} to confirm opinion about the need for the health care and the incapability of the patient, if practicable in the circumstances before the health care is provided ^{xvii}

- I confirm^{xvii} the treating health care provider’s opinion, and have documented my confirmation and the reason for same in the patient’s chart, as follows: The
 - need for the provision of emergency health care without delay.
 - The incapability of the patient to give or refuse consent to the urgent or emergency health care.

Second Health Care Provider Name and Designation	Signature	Date	Time
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SECTION F: To be completed by the treating health care provider if second health care provider not available/practicable (if applicable)

- It was not practicable for a second health care provider to confirm my opinion before the health care was provided. An explanation as to why it was not practicable to obtain a second opinion is explained in the patient’s chart and/or indicated here:
 - the clinical situation the lack of health care providers/resource other

If a second health care provider is not available to complete Section E, then the treating health care provider confirms:

- The need for the provision of emergency health care without delay.
- The incapability of the patient to give or refuse consent to the urgent or emergency health care.

SECTION G: Treating health care provider signature

Second Health Care Provider Name and Designation	Signature	Date	Time
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ⁱ This form is exclusively to be used for the provision of emergency services under s. 12 of the HCCCFAA. It is appropriate to use the form any time emergency health care is provided without consent, however, in some circumstances, the treating provider may decide that, due to the limited nature of the emergency health care provided, it is adequate to simply document in the chart. In those circumstances, the form may still be a helpful guide to ensure adequate and comprehensive charting.

A target population for this form are patients suffering from mental health symptoms including psychosis and/or impaired judgement as a result of possible substance use and/or delirium. One of the objectives of this form is to draw attention to s. 12 of the HCCCFAA as an appropriate alternative to certification under the *Mental Health Act* in these circumstances. However, this form may also be used along with involuntarily certification under the *Mental Health Act* – for example, if the patient requires involuntary certification to treat their psychiatric condition, and also has a non-psychiatric medical condition that must be treated on an emergency basis without consent.

This form, and s. 12 of the HCCCFAA, cannot be used for the provision of ongoing care. Consequently, once the need for the emergency services ends, consent for continued treatment must be provided by (i) the adult (if able to consent); (ii) a personal guardian; (iii) a representative or temporary substitute decision maker (TSDM), and the PGT may authorize someone to act as a TSDM by way of last resort; (iv) by way of an advance directive (to consent or refuse relevant health care) or (iv) under the authority of the *Mental Health Act*. This form must be completed each time the need for emergency health care without consent arises, where there is no other authority for the healthcare.

This form may be used with respect to patients in any Vancouver Coastal Health care settings and should be placed in the patient's chart. This form is a supplement to, and does not replace, the need for comprehensive patient charting but rather is designed to help guide practitioners on the points that must be addressed in order to ensure compliance with the HCCCFAA. While practitioners must ensure they are complying with s. 12 when providing emergency care without consent, it is recognized that it will not usually be feasible to complete the form and the charting until after the emergency care is provided.

- ⁱⁱ “health care” means anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other purpose related to health. (HCCCFAA)
- ⁱⁱⁱ Hospitalization may be provided for the duration of the emergency.
- ^{iv} S. 12 of the HCCCFAA provides authority for health care providers to provide urgent or emergency healthcare to an adult without consent if the following criteria is met:
 - the health care must need to be provided, without delay, in order to preserve the adult's life, to prevent serious physical or mental harm or to alleviate severe pain;
 - the adult must be impaired by drugs or alcohol or be unconscious or semi-conscious or otherwise unable to provide or refuse consent; ,
 - there must be no personal guardian or representative that is available; AND
 - where practicable, a second health care provider must confirm the first health care provider's opinion about the need for health care and the incapability.
- ^v If the patient is under 19 years old, the common law applies.
- ^{vi} S. 2(b) of the HCCCFAA provides that the HCCCFAA does not apply to the provision of psychiatric care for patients who are detained in or through a designated facility under the *Mental Health Act*. If the patient is certified and requires emergency psychiatric care, the psychiatric treatment should be provided under the *Mental Health Act*. All non-psychiatric care would be provided under the HCCCFAA, and use of this form is appropriate.
- ^{vii} Reasons should be outlined in the patient's chart.
- ^{viii} S. 12(1)(b) of the HCCCFAA describes incapability as being “apparently impaired by drugs or alcohol or is unconscious or semi-conscious for any reason or is, in the health care provider's opinion, otherwise incapable of giving or refusing consent”. S. 7 describes incapability as being incapable of “giving, refusing or revoking consent”; and a health care provider must base the decision on whether or not the adult demonstrates that he or she understands the information given by the health care provider (i.e., information about the proposed health care and to make a decision) and understands that the information applies to their situation.
- ^{ix} A health care provider must base the decision of capability on whether the adult demonstrates they understand: a) the information given about their condition, the proposed treatment, the risks and benefits of the treatment and alternative courses of treatment and b) that the information applies to the situation of the adult.
- ^x A personal guardian or representative is available if it is possible for the health care provider, within a time frame that is reasonable in the circumstances, (a) to determine whether the adult has a personal guardian or representative, and (b) to communicate with the adult's personal guardian or representative. If a personal guardian or representative or other substitute decision maker subsequently becomes available after the health care is provided, that substitute decision maker may refuse consent for continued health care, and if consent is refused, the health care must be withdrawn.
- ^{xi} Duties of a temporary substitute decision maker are set out in s. 19 of the HCCCFAA
- ^{xii} An example of such a refusal would be a written document outlining religious beliefs regarding health care, a bracelet or wallet card in which a person has indicated that they do not wish to receive CPR or a blood transfusion. These wishes are to be respected, assuming they were expressed while the patient was an adult and mentally capable of expressing these wishes, which in the usual course is a safe assumption. Although written instructions or wishes are preferable and more reliable, this is not a requirement.
- ^{xiii} An Advance Directive is defined in the HCCCFAA as follows:
 - “advance directive” means a written instruction made by a capable adult that
 - (a) gives or refuses consent to health care for the adult in the event that the adult is not capable of giving the instruction at the time the health care is required, and
 - (b) complies with the requirements of Part 2.1;
- ^{xiv} Defined in the HCCCFAA as follows: “**health care provider**” means a person, or a person in a prescribed class of persons, who, under a prescribed Act, is licensed, certified or registered to provide health care. In addition to satisfying the definition, the provision of the health care must be within the health care provider's scope of practice.
- ^{xv} Whether this is practicable depends on whether there is another health care provider who is reasonably available to provide an opinion before the emergency care is provided. Put another way, is it feasible in the circumstances to get a second health care provider to form an opinion about the necessity of the care and the patient's capability, before the care is provided?
- ^{xvi} S. 12 of the HCCCFAA contemplates that a single health care provider will confirm both the need for the health care and the incapability of the patient, if practicable. While the form may be signed by the second health care provider(s) after the care is provided, s. 12 of the HCCCFAA contemplates that the second health care provider's opinion about the need for the health care and the incapability be obtained before the care is provided, where practicable.
- ^{xvii} Please ensure that it is within your scope of practice to provide this opinion before signing this form.