

<b>Vermont Psychiatric Care Hospital Policy and Procedure</b>		
<b>Informed Consent</b>		
Effective: June 2020	Revised: September 2024	Due to Review: September 2026

## **POLICY**

It is the policy of the Vermont Psychiatric Care Hospital (VPCH) to assure that there is a process in place when obtaining and documenting informed consent in order to assure the understanding and authorization of the individual in advance of medical/surgical interventions.

## **DEFINITIONS:**

Informed Consent: agreement obtained from the hospitalized individual (or someone legally authorized to give consent on their behalf, such as a Guardian or Power of Attorney).

Provider: For the purposes of this policy, the provider is either a physician, as defined by Centers for Medicare/Medicaid Services (CMS), an Advanced Practice Registered Nurse (APRN), or a Physician's Assistant (PA), credentialed to render the procedure, care, treatment and services, and is authorized by the attending physician to do so for the hospitalized individual. The provider may delegate portions of this task to other personnel who may assist with providing information and/or answering questions.

## **PROCEDURE**

### **When Informed Consent Must be Obtained**

Informed Consent shall be obtained and documented by the treating provider for invasive procedures performed. Invasive procedures include but are not limited to procedures that involve penetration of the skin (except for drawing blood); e.g. vaccination, pharmacogenomic testing, minor laceration repair, superficial wound care, staple or suture removal, superficial abscess incision and drainage, treatment of paronychia and ingrown nails, superficial foreign body removal, ear cerumen removal and splint/cast placement and removal, etc.

*Informed Consent*, as distinguished from consent, is not required for all medical treatments and interventions. For example, informed consent is not required for common procedures when the related risks are commonly understood. Venipuncture and routine imaging studies are examples of common procedures. Consent may also not be needed for procedures dictated by a court order.

Informed consent from individuals with limited English proficiency shall be obtained and documented with the participation of a qualified interpreter as indicated.

Questions about when informed consent is required should be directed to the Executive Medical Officer, Chief Nursing Executive, or the Associate Nurse Executive.

### **Documenting Informed Consent**

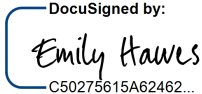
For treatments/procedures requiring Informed Consent, the responsible provider should seek written consent and record an attestation confirming that the individual or their surrogate decision-maker has consented to the treatment/procedure.

Verbal consent shall be limited to situations where it is impossible or impractical for a provider to obtain the individual’s or surrogate's written consent. If verbal consent is obtained from the individual or surrogate decision-maker, the responsible provider shall have at least one staff witness to the verbal consent and shall record an attestation confirming that the individual or their surrogate has verbally consented to the treatment/procedure after being informed of the risks, benefits, and alternatives. The documentation shall explain why written consent was not obtained and shall identify the second witness.

The following standards are required when obtaining Informed Consent. Each disclosure must be made in such a way that the individual, or their surrogate decision maker, understands it and they must be given an opportunity to ask questions. Informed consent can be obtained only after a clear explanation of the proposed treatment, service, medication, intervention, or procedure has been provided. This explanation includes:

- The nature of the proposed care, treatment, services, medications, interventions, or procedures
- Potential benefits, risks, or side effects, including potential problems related to recuperation
- The likelihood of achieving care, treatment, or service goals
- Reasonable alternatives to the proposed care, treatment, and services
- Relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services.

The discussion between the provider and the individual may be deferred only in an emergency and when it is in the best interest of the patient.

<b>Approved by</b>	<b>Signature</b>	<b>Date</b>
Emily Hawes, Commissioner, Vermont Department of Mental Health	 <p>DocuSigned by: Emily Hawes C50275615A62462...</p>	9/25/2024