

# Capability and Consent Tool B.C. Edition

DECISION/NEED	HIERARCHY OF DECISION MAKERS	RELEVANT STATUTE	INCAPABILITY CRITERIA	INCAPABILITY ASSESSOR WITNESS	LIMITS/CONDITIONS
<p><b>HEALTH CARE</b></p> <p>Anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other purpose related to health and includes:</p> <ul style="list-style-type: none"> <li>A series or sequence of similar treatments or care administered to an adult over a period of time for a particular health problem.</li> <li>A plan for minor health care that is               <ol style="list-style-type: none"> <li>developed by one or more health care providers</li> <li>deals with current and expected health problems</li> <li>expires in no longer than 12 months.</li> </ol> </li> </ul> <p><b>Major Health Care</b></p> <ol style="list-style-type: none"> <li>major surgery</li> <li>any treatment involving general anaesthetic</li> <li>major diagnostic/ investigative procedures or</li> <li>any health care designated by regulation as major health including radiation therapy, IV chemotherapy, kidney dialysis, ECT, laser surgery.</li> </ol> <p><b>Minor Health Care</b></p> <p>Health care that is not major health care and includes</p> <ol style="list-style-type: none"> <li>routine tests to determine if health care is necessary, and</li> <li>routine dental that prevents or treats a condition/injury cause (including cavity fillings and extractions)</li> </ol>	<p><b>Capable Adult</b></p>	<p>Health Care (Consent) and Care Facility (Admission) Act (HCCCFAA)</p>	<p>The adult demonstrates an understanding of the proposed treatment, the risks and benefits, the condition for which it is proposed and alternatives and that it applies to their own situation.</p>	<p>Prescribed Health Care Provider (PCHP) includes Health Professions Act, Hearing Aid Act, Podiatrists Act and Social Workers Act.</p>	<p>Consent must be voluntary, not be obtained by fraud or misrepresentation, and be related specifically to the proposed health care. Only if the HCP determines that the adult is incapable of consenting to the proposed health care treatment does the HCP seek substitute consent in accordance to the hierarchy of decision makers below.</p>
	<p><b>Committee of Person</b></p> <p>Person appointed by the court to make decisions regarding an adult's personal care and health care.</p>	<p>Patients Property Act (PPA)</p>	<p>An adult who is declared by a judge to be incapable of managing himself or herself.</p>	<p>Involves an application to Court with two assessments of incapability by Physicians. Physicians are encouraged to follow Best Practice Criteria based on the AG&amp;PSAA (not yet in force) are as follows: The adult is incapable of understanding of the following:</p> <ol style="list-style-type: none"> <li>personal care that is needed</li> <li>proposal made to provide the needed care</li> <li>reasons for that proposal, the risks and benefits of not receiving the care</li> <li>that this applies to their own situation</li> </ol> <p>Or, be incapable of implementing his/her personal care decisions.</p>	<p>A Committee of Person may consent or refuse to consent to health care necessary to preserve life.</p> <p>If a Committee of Person has been appointed by the Court, the HCP must obtain consent from the Committee.</p> <p>N.B. No one can consent to non-therapeutic sterilization of a person who cannot make that decision themselves.</p>
	<p><b>Non Standard or Enhanced Representative</b></p> <p>Person authorized by a Section 9 Representation Agreement to make health care decisions on behalf of another.</p>	<p>Representation Agreement Act (Section 9)</p>	<p>Adult may make a non standard representation agreement if the adult understands the nature of the authority and the effect of giving it to the representative.</p>	<p>Agreements must be in writing and signed by the adult, each representative or alternate and 2 witnesses. If the lawyer who signed the consultation certificate is the witness, only 1 witness is required. Witnesses should object to the making of a representation agreement when there are: concerns around the adult's capability, coercion, abuse and neglect by the representative, inconsistency in content of agreement with current wishes, or errors in the agreement. In these situations the witness should not witness the agreement and report concerns to the PGT.</p>	<p>A Representation Agreement may have a triggering condition, such as incapability, that must have happened in a way set out in the agreement or by a physician's opinion. Representatives must: Comply with the expressed wishes of adult while capable; Consult with the adult.</p>

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<b>HEALTH CARE CONTINUED</b>	<p><b>Standard or Limited Representative</b></p> <p>Person authorized by a Section 7 Representation Agreement to make health care decisions on behalf of another.</p>	Representation Agreement Act Standard (Section 7)	Adult may make a standard representation agreement even though incapable of making a contract, or managing financial, personal, health affairs. Factors considered include desire to have a representative, ability to demonstrate choices, preference and feelings of approval/disapproval, awareness of impact of making the agreement, relationship characterized by trust.	Agreement must be in writing and signed by the adult, each representative or alternate, and 2 witnesses. Witnesses should object to the making of a representation agreement when there are: concerns around the adult's capability, coercion, abuse and neglect by the representative, inconsistency in content of agreement with current wishes, or errors in the agreement. In these situations the witness should not witness the agreement and report concerns to the PGT.	<p>Standard Representatives cannot make a decision to refuse life-supporting care or treatment.</p> <p>A representation agreement may have a triggering condition, such as incapability, that must have happened in a way set out in the agreement or by a physician's opinion.</p> <p>Representatives must:</p> <ul style="list-style-type: none"> <li>• Comply with the expressed wishes of adult while capable</li> <li>• Consult with the adult.</li> </ul>
	<p><b>Temporary Substitute Decision Maker</b></p> <p>Adult's Spouse; Adult's Child; Adult's Parent; Adult's brother or sister; Anyone else related by birth or adoption; If no near relative, someone close to the adult but not related may be named by the PGT; PGT, if no other decision maker is available.</p>	Health Care (Consent) and Care Facility (Admission) Act	Prior to seeking substitute consent, the HCP must assess whether the adult demonstrates an understanding of the proposed treatment and alternatives, the risks and benefits, the condition for which it is proposed, and that it applies to their own situation. HCP must also make reasonable effort to find out if there is any Committee of Person or Representative.	Prescribed Health Care Provider (PCHP) includes those guided by the Health Professions Act, Hearing Aid Act, Podiatrists Act, & Social Workers Act. The PCHP who is providing the care or treatment would be responsible for assessing consent capability. For example the surgeon would assess the patient's ability to consent to surgery.	TSDM must: be at least 19 years old; Had contact with the adult in the preceding 12 months; Have no dispute with the adult; be capable of giving consent; Consult with the adult; Comply with adult's previous expressed wishes, values and beliefs – if this is not possible, decision must be made in the adult's best interests.
	<p><b>Advance Directive (AD)</b></p> <p>Advance Care Plan-Instructional Directive. Written or verbal instruction made by a capable adult that gives or refuses consent to health care in the event that the adult is incapable at the time the health care is required.</p>	Health Care (Consent) and Care Facility (Admission) Act Section 12.1 and 19.1(b). If there is an advance directive or previously expressed wish that the adult expressed while capable, not to receive the health care that is being considered, then the HCP MUST NOT provide that health care.	<p>The adult must understand the nature, scope, and effect of the health care set out in the AD, as well as the consequence of making an AD**.</p> <p>** This is not a test that can be applied in such a way as to defeat the AD retrospectively.</p>	These wishes may have been expressed either in writing or orally to health care providers, family or representative. Some health authorities have guidelines for documenting these expressed wishes.	Unless there is an emergency, substitute consent is still required in the form of a representative or a TSDM. The wishes of the adult as stated in the AD are to be treated by their Representative, TSDM and HCP as the expressed wishes of the adult while capable.
	<p><b>Designated Agency</b></p> <p>5 Regional Health Authorities, Providence Health Care, Community Living BC.</p>	Adult Guardianship Act (Part 3) (Abuse and Neglect Provisions) <ul style="list-style-type: none"> <li>• Support and Assistance Plan (Section 54);</li> <li>• Emergency Provisions (Section 59).</li> </ul>	An adult is abused or neglected and unable to seek support or assistance because of physical restraint, physical handicap, or a condition that affects their ability to make decisions about abuse and neglect and requires treatment.	Designated Responder from Designated Agency.	The authority of the designated agency does not override the rights of capable adults who can still chose to live at risk and in abusive situations.

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<p><b>PERSONAL CARE</b></p> <p>Includes matters respecting:</p> <ul style="list-style-type: none"> <li>a) shelter, employment, diet, dress</li> <li>b) participation in social, educational, vocational and other activities</li> <li>c) contact or association with other persons</li> <li>d) licenses, permits, approvals</li> </ul> <p>The definitions of personal care and the incapability and consent criteria are taken from the Adult Guardianship and Planning Statutes Amendment Act 2007 (AG&amp;PSAA - not yet in force)</p>	<p><b>Capable Adult</b></p>	<p>The definitions of Personal Care and the incapability and consent criteria are taken from the Adult Guardianship and Planning Statutes Amendment Act 2007 (not yet in force).</p>	<p>Assumed capable. The adult demonstrates an understanding of personal care that is needed, the proposal to provide the needed care, the risks and benefits of not receiving the care, and that it applies to their own situation.</p>	<p>Health Care Provider*</p> <p>* No legislation currently covers personal care.</p>	<p>Consent must be voluntary, not be obtained by fraud or misrepresentation, and be related specifically to the proposed personal care. Only if the HCP determines that the adult is incapable of consenting to the proposed personal care does the HCP seek substitute consent in accordance to the hierarchy of decision makers below.</p>
	<p><b>Committee of Person</b></p> <p>Person appointed by the court to make decisions regarding an adult's personal care and health care.</p>	<p>Patients Property Act (PPA)</p>	<p>An adult who is declared by a judge to be incapable of managing himself or herself.</p>	<p>Involves an application to court with two assessments of incapability by physicians. Physicians are encouraged to follow Best Practice Criteria based on the AG&amp;PSAA (not yet in force) are as follows: The adult is incapable of understanding of the following:</p> <ul style="list-style-type: none"> <li>a) personal care that is needed</li> <li>b) proposal made to provide the needed care</li> <li>c) reasons for that proposal, the risks and benefits of not receiving the care</li> <li>d) that this applies to their own situation</li> </ul> <p>Or, be incapable of implementing his/her personal care decisions.</p>	<p>Committee of Person may authorize restraints and consent to care facility admission, and restrict the adult's access to others.</p> <p>If a Committee of Person has been appointed by the Court, the HCP must obtain consent from the Committee.</p>
	<p><b>Non Standard or Enhanced Representative</b></p> <p>Person authorized by a Section 9 Representation Agreement to make personal care decisions on behalf of another.</p>	<p>Representation Agreement Act (Section 9)</p>	<p>Adult may make a non standard representation agreement if the adult understands the nature of the authority and the effect of giving it to the representative.</p>	<p>Representation Agreements must be in writing and signed by the adult, each representative or alternate and 2 witnesses. If the lawyer who signed the consultation certificate is the witness, only 1 witness is required. Witnesses should object to the making of a representation agreement when there are: concerns around the adult's capability, coercion, abuse and neglect by the representative, inconsistency in content of agreement with current wishes, or errors in the agreement. In these situations the witness should not witness the agreement and report concerns to the PGT.</p>	<p>A Representation Agreement may have a triggering condition, such as incapability, that must have happened in a way set out in the agreement or a physician's opinion.</p> <p>Representatives must:</p> <ul style="list-style-type: none"> <li>• Comply with the expressed wishes of adult while capable</li> <li>• Consult with the adult</li> <li>• Not make a will.</li> </ul>

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<b>PERSONAL CARE CONTINUED</b>	<b>Standard or Limited Representative</b> Person authorized by a Section 7 Representation Agreement to make personal care decisions on behalf of another.	Representation Agreement Act (Section 7)	Adult may make a representation agreement even though incapable of: making a contract, managing financial, personal, health affairs. Factors considered: desire to have a representative, ability to demonstrate choices, preference and feelings of approval/disapproval, awareness of impact of making the agreement, relationship characterized by trust.	Agreement must be in writing and signed by the adult, each representative or alternate, and 2 witnesses. Witnesses should object to the making of a representation agreement when there are: concerns around the adult's capability, coercion, abuse and neglect by the representative, inconsistency in content of agreement with current wishes, or errors in the agreement. In these situations the witness should not witness the agreement and report concerns to the PGT.	A Representation Agreement may have a triggering condition, such as incapability, that must have happened in a way set out in the agreement or a physician's opinion. Representatives must: <ul style="list-style-type: none"> <li>• Comply with the expressed wishes of adult while capable</li> <li>• Consult with the adult</li> <li>• Not make a will.</li> </ul>
	<b>Designated Agency</b> 5 Regional Health Authorities Providence Health Care Community Living BC.	Adult Guardianship Act (Part 3) (Abuse and Neglect Provisions) <ul style="list-style-type: none"> <li>• Support and Assistance Plan (Section 54)</li> <li>• Emergency Provisions (Section 59)</li> </ul>	An adult is abused or neglected and unable to seek support or assistance because of physical restraint, physical handicap, or a condition that affects their ability to make decisions about abuse and neglect, and it is necessary to provide personal care.	Designated Responder from Designated Agency	The authority of the designated agency does not override the rights of capable adults who can still chose to live at risk and in abusive situations.
<b>FINANCIAL</b>  Includes an adult's business and property and the conduct of the adult's legal affairs	<b>Capable Adult</b>	The definitions of financial incapability and consent criteria are taken from the Adult Guardianship and Planning Statutes Amendment Act 2007 (not yet in force).	Adult assumed to be capable of making decisions about their financial affairs and understanding the nature and consequences of making, changing or revoking an Enduring POA. An adult's way of communicating with others is not grounds for deciding whether the adult is incapable. (Criteria taken from AG&PSAA 2007 – not yet in force)		Only if there are concerns that an adult is incapable of making the proposed financial decision, does one seek alternatives in accordance to the hierarchy of decision makers below.
	<b>Committee of Estate by Court Application</b>  Person appointed by the court to make decisions regarding an adult's financial affairs.	Patients Property Act	An adult who is declared by a judge to be incapable of managing his or her affairs.	Requires assessment of incapability by 2 physicians. Physicians are encouraged to utilize Best Practice Criteria based on the AG&PSAA (not yet in force). Assess whether the adult demonstrates an understanding of the following: the nature of the adult's financial affairs, including the value of adult's business and property, the obligations owed to the adult's legal dependants, the decisions or actions respecting the adult's financial affairs which must be taken, that this refers to the adult, or that the adult is incapable of implementing his/her financial decisions.	Committee of Estate cannot make a will on behalf of the adult but can facilitate the making of a will if the adult has testamentary capacity. Committee of Estate cannot delegate guardianship authority.

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<b>FINANCIAL CONTINUED</b>	<p><b>Committee of Estate by Certificate of Incapability (C.I.)</b></p> <p>Public Guardian and Trustee of British Columbia becomes Committee of Estate through certificate process and is able to make decisions about an adult's financial affairs.</p>	Patients Property Act	An adult who, because of mental infirmity arising from disease age or otherwise, is incapable of managing his or her affairs. Best Practice Criteria based on the AG&PSAA (not yet in force) addresses whether the adult demonstrates an understanding of the following: the nature of the adult's financial affairs, including the value of adult's business and property, the obligations owed to the adult's legal dependants, the decisions or actions respecting the adult's financial affairs which must be taken, that this refers to the adult, or that the adult is incapable of implementing his/her financial decisions.	Board Appointed Directors of HA's issue Certificates of Incapability. Best practice requires an assessment of incapability by a medical practitioner, and a functional/decision making assessment by a second assessor.	Committee of Estate cannot make a will on behalf of the adult but can facilitate the making of a will if the adult has testamentary capacity. All previously made POA/Rep agreements are suspended with the signing of the CI.
	<p><b>Enduring Power of Attorney</b></p> <p>Attorney has the authority to make financial decisions. The authority continues to have effect despite any mental infirmity in the donor.</p>	Power of Attorney Act (Section 8)	The act is silent on capability criteria. The adult must understand the nature and consequences of making, changing or revoking an Enduring POA.	Signed by the donor and by a witness to the signature of the donor other than the attorney or the spouse of the attorney.	Authority of an EPOA ends if is terminated by the capable adult or if there is a Committee of Estate named either by Court order or Certificate. The POA may have conditions or restrictions written into the agreement.
	<p><b>Power of Attorney:</b></p> <p>Attorney has the authority make financial decisions. There is no enduring clause, the authority ends when an adult is no longer capable of directing their affairs.</p>	Power of Attorney Act (Section 8)	The Act is silent on capability criteria. The adult must understand the nature and consequences of making, changing or revoking an Enduring POA.	Signed by the donor and a witness to the signature other than the attorney or the spouse of the attorney.	Authority of an EPOA ends if it is terminated by the capable adult or if there is a Committee of Estate named either by Court Order or Certificate Process. The POA may have conditions or restrictions written into the agreement, for example, may be a general POA, banking POA, Land Title POA, etc.
	<p><b>Non Standard or Enhanced Representative</b></p> <p>Person authorized by a Section 9 Representation Agreement to make financial decisions on behalf of another</p>	Representation Agreement Act (Section 9)	Adult may make a non standard representation agreement if the adult understands the nature of the authority and the effect of giving it to the representative.	Representation Agreements must be in writing and signed by the adult, each representative or alternate, and 2 witnesses. If the lawyer who signed the consultation certificate is the witness, only 1 witness is required. Witnesses should object to the making of a representation agreement when there are: concerns around the adult's capability, coercion, abuse and neglect by the representative, inconsistency in content of agreement with current wishes, or errors in the agreement. In these situations the witness should not witness the agreement and report concerns to the PGT.	A Representation Agreement may have a triggering condition, such as incapability, that must have happened in a way set out in the agreement or otherwise by a physician. Representatives must: comply with the expressed wishes of adult while capable, consult with the adult, not make a will.

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<b>FINANCIAL CONTINUED</b>	<b>Standard or Limited Representative</b> Person authorized by a Section 7 Representation Agreement to make routine financial decisions on behalf of another.	Representation Agreement Act  Section 7 agreements which include the authorization to manage routine finances must name a monitor unless: The representative is the spouse of the adult; or Two or more representatives have been named to act together; or A lawyer, who signed the consultation certificate, witnesses the agreement; or The Representative is the PGT, a trust company or a credit union.	Adult may make a representation agreement even though incapable of: making a contract, managing financial, personal, health affairs. Factors considered: desire to have a representative, ability to demonstrate choices, preference and feelings of approval/disapproval, awareness of impact of making the agreement, relationship characterized by trust.	Agreement must be in writing and signed by the adult and each representative or alternate. Adult's signature must be witnessed by 2 capable adult witnesses. Witness cannot be anyone named in the agreement, or the spouse, child or parent of anyone named in the agreement. Witnesses should object to the making of a representation agreement when there are: concerns around the adult's capability, coercion, abuse/neglect by the representative, inconsistency in content of agreement with current wishes, or errors in the agreement. In these situations the witness should not witness the agreement and report concerns to the PGT.	A Representation Agreement may have a triggering condition, such as incapability, that must have happened in a way set out in the agreement or a physician's opinion. Representatives must: Comply with the expressed wishes of adult while capable; Consult with the adult; Not make a will. Routine financial management includes paying bills, managing pension income, purchasing food/services, making investments. It does not include selling assets or businesses.
	<b>Pension Trusteeship</b>	Federal Income Security Programs (ISP)	Need to demonstrate/describe how the adult is unable to manage ISP funds and may be incapable.	One physician signs ISP incapability form and person who wants to act as trustee sends application to ISP. Any capable adult, family, friend or community support can apply to act as Pension Trustee.	Trustee can manage OAS/GIS/PPP only. Does not give authority to manage other income or assets. For example, it does not give access to bank accounts/savings.
	<b>Designated Agency</b> 5 Regional Health Authorities, Providence Health Care, Community Living BC.	Adult Guardianship Act (Part 3) (Abuse and Neglect Provisions) Support and Assistance Plan (Section 54) Emergency Provisions (Section 59)	An Adult is abused or neglected and unable to seek support or assistance because of physical restraint, physical handicap, or a condition that affects their ability to make decisions about abuse and neglect; And, it is necessary to act to protect the adult's income or assets.	Designated Responder from Designated Agency.	The authority of the designated agency does not override the rights of capable adults who can still chose to live at risk and in abusive situations. The Court may order a support and assistance plan including a provision for a specified period of up to 6 months of available services to ensure that the adult's financial affairs, business or assets are properly managed and protected, including any services that may be offered by the PGT. In an emergency situation, the person from the designated agency may act to protect the adult's assets from significant damage or loss.

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<b>FACILITY PLACEMENT</b>	<b>Capable Adult</b>	Health Care (Consent) and Facility (Admission) Act. Definitions for Consent and Incapability criteria have been taken from The Health Statutes Amendment Act 2007 (not yet in force)	Adult assumed capable of giving or refusing consent to admission to or continued residence in a care facility.  The adult must have the information that a reasonable person would require to understand that they will be admitted to a care facility including information about the care they will receive, the services available and the circumstances under which they may leave the facility.		Consent must be voluntary, not be obtained by fraud or misrepresentation, and be related specifically to facility placement. Only if the HCP determines that the adult is incapable of consenting and is objecting to facility placement, does the HCP seek substitute consent in accordance to the hierarchy of decision makers below.
	<b>Committee of Person</b>  Person appointed by the court to make decisions regarding an adult's personal care and health care.	Patients Property Act	An adult who is declared by a judge to be incapable of managing himself or herself.	Involves an application to court with two assessments of incapability by medical practitioners.	If the Court has appointed a Committee of Person, the HCP must obtain consent for facility care from that Committee.
	<b>Non-Standard or Enhanced Representation Agreement</b>  Person authorized by a Section 9 Representation Agreement to make decisions on behalf of another including restraining, moving or managing the adult despite their objections.	Representation Agreement Act	Adult may make a non standard representation agreement if the adult understands the nature of the authority and the effect of giving it to the representative.	Representation Agreements must be in writing and signed by the Adult, each representative or alternate and 2 witnesses. If the lawyer, who signed the consultation certificate, is the witness, only 1 witness is required. Witnesses should object to the making of a representation agreement when there are: concerns around the adult's capability, coercion, abuse and neglect by the representative, inconsistency in content of agreement with current wishes, or errors in the agreement. In these situations the witness should not witness the agreement and report concerns to the PGT.	A Representation Agreement may have a triggering condition, such as incapability, that must have happened in a way set out in the agreement or a physician's opinion. Representatives must: Comply with the expressed wishes of adult while capable; Consult with the adult.
	<b>Standard or Limited Representative</b>  Person authorized by a Section 7.  Standard or Limited representation agreements (Section 7) cannot make decisions about facility placement.	Representation Agreement Act (Section 7)	Adult may make a representation agreement even though incapable of: making a contract managing financial, personal, health affairs Factors considered: desire to have a representative ability to demonstrate choices, preference and feelings of approval/disapproval awareness of impact of making the agreement relationship characterized by trust.	Agreement must be in writing and signed by the adult, each representative or alternate, and 2 witnesses. Witnesses should object to the making of a representation agreement when there are: concerns around the adult's capability, coercion, abuse and neglect by the representative, inconsistency in content of agreement with current wishes, or errors in the agreement. In these situations the witness should not witness the agreement and report concerns to the PGT.	A Representation Agreement may have a triggering condition, such as incapability, that must have happened in a way set out in the agreement or a physician's opinion. Representatives must: Comply with the expressed wishes of adult while capable; Consult with the adult; Not make decisions about facility placement.

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<b>FACILITY PLACEMENT CONTINUED</b>	<b>Designated Agency</b> 5 Regional Health Authorities, Providence Health Care, Community Living BC.	Adult Guardianship Act (Part 3) Emergency Provisions (Section 59) Support and Assistance Order (Section 54)	Admission to a care facility without substitute consent can occur if the adult is considered incapable of giving or refusing consent and immediate admission of the adult is necessary to preserve the adult's life, prevent serious physical or mental harm to the adult or serious physical harm to any person. A Support and Assistance Plan could include facility care and could be ordered to protect the adult.	Designated Responder from Designated Agency	The authority of the designated agency does not override the rights of capable adults who can still chose to live at risk and in abusive situations. In an emergency situation, the person from the designated agency may act to protect the adult.
	<b>Director of Designated Psychiatric Facility</b>	Mental Health Act (Section 37) Extended Leave (Type of leave for an involuntary patient from a designated psychiatric facility)	Admission to a care facility can occur despite the objections of the adult and without substitute consent if the adult has been admitted as an involuntary patient to a designated psychiatric facility under medical certificate and is transferred to a care facility under Extended Leave of the MHA.	Director of a designated facility is the person responsible for the operation of a facility designated as a provincial mental health facility, psychiatric unit, or observation unit.	Involuntary status needs to be renewed in 1 month, then 3 months and finally for 6 months at a time, if the adult continues to meet the criteria for involuntary admission under medical certificate.
<b>PSYCHIATRIC TREATMENT VOLUNTARY</b>	<b>Capable Adult</b>	Hospital Act	The Adult demonstrates an understanding of the proposed treatment, the risks and benefits, the condition for which it is proposed and alternatives, and that it applies to their own situation.	Health Care Provider is satisfied that the adult understands that they are consenting to admission and treatment for a mental disorder.	
<b>PSYCHIATRIC TREATMENT INVOLUNTARY ADMISSION</b>	<b>Director of Designated Mental Health Facility</b> The person responsible for the operation of a facility designated as a provincial mental health facility, psychiatric unit, or observation unit.	Mental Health Act	Criteria for involuntary admission: Adult has a mental disorder that seriously impairs the adult's ability to react appropriately to his or her environment or to associate with others; Adult requires psychiatric treatment in or through a designated facility; Adult requires care, supervision and control through a designated facility to prevent the adult's substantial mental or physical deterioration OR for the protection of the adult or the protection of others. Adult cannot be suitably admitted as a voluntary patient.	Physician must exam the adult to determine whether an involuntary admission is necessary and sign the medical certificate (Form 4) which provides for legal authority for an involuntary admission for a 48 hour period. A second medical certificate must be completed for the adult within 48 hours otherwise the patient must be discharged or admitted as a voluntary patient.	Allows for psychiatric treatment only. If other decisions are required (health care, personal care, financial) the processes outlined above must be followed.

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<b>PSYCHIATRIC TREATMENT</b>  <b>INVOLUNTARY ADMISSION CONTINUED</b>	<b>Police</b> <b>Provincial Court</b>	Mental Health Act (Section 28)	<p>In an emergency situation, under Section 28 of the MHA, the police can apprehend an adult, based on information that the adult is “apparently” suffering from a mental disorder and is acting in a manner likely to endanger their own safety or that of others.</p> <p>A court may issue a warrant for apprehension if satisfied that there are reasonable grounds to believe that is a physician were to examine the person they would likely certify him/her as an involuntary patient but that such an examination cannot be done without reasonable delay.</p>	<p>The police apprehend the adult and bring him/her to a designated facility where the adult is examined by a physician and the medical certificate for involuntary admission is signed which provides for legal authority for an involuntary admission for a 48 hour period.</p> <p>A second medical certificate must be completed for the adult within 48 hours otherwise the patient must be discharged or admitted as a voluntary patient.</p>	Allows for psychiatric treatment only. If other decisions are required (health care, personal care, financial) the processes outlined above must be followed.
	<b>Designated Agency</b> 5 Regional Health Authorities, Providence Health Care, Community Living BC.	Adult Guardianship Act (Part 3) (Abuse and Neglect Provisions) Support and Assistance Plan (Section 54) Emergency Provisions (Section 59)	An adult is abused or neglected and unable to seek support or assistance because of physical restraint, physical handicap, or a condition that affects their ability to make decisions about abuse and neglect. And it is necessary to provide emergency health care.	Designated Responder from designated Agency.	The authority of the designated agency does not override the rights of capable adults who can still choose to live at risk and in abusive situations. Allows for the provision of both medical and psychiatric care.

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email [pem@vch.ca](mailto:pem@vch.ca) and quote Catalogue No. **IB.100.C33**  
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