

Script for obtaining consent from Resident/Client/Substitute Decision Maker (SDM)

To ensure compliant with PHIA, this consent will be conducted using a script and consent will be noted by the Service Provider (staff member) in their resident/client files (*PHIA s.16*).

The Service Provider will use the following wording when verbally applying consent. The consent does not need to be in writing, but it must be clearly explained so that the resident/client or SDM fully understands what they are consenting to and documented on the resident/client health record by the service provider.

Alternate wording is provided below in parentheses, for persons who do not appear to understand the word “consent”. The Service Provider may use additional words to explain the services provided by the wound consultant.

What is the consent for?

The consent will ensure you have agreement from the resident/client/SDM for them to:

1. Receive services from the Wound Management Program
2. For the use of the non-identifying information to be collected by the Wound Management Team at HANS for the purposes of reporting to program activity to DSLTC.

1. Explain to client/resident/SDM reason for wound consultant:

“I would like to contact a wound consultant who can help us by providing suggestions on how to care for your wound. However, I need your permission before I can send in a referral or request for their services/visit.”

2. Obtain consent for referral form:

“Do you approve and give me permission to send a referral to a wound consultant?”

3. Explain what giving permission allows the wound consultant to do (explanation below)

“This means that the wound consultant may:

- *Want to speak with us the staff over the phone. If we do, we will not provide the wound consultant with your name or any other information that identifies you.*
- *After the phone call, the wound consultant may visit you and look at your wound.*

When the wound consultant comes to visit you, they may:

- *Review information about you and your wound*
- *Provide suggestions to our staff on how we can better care for your wound.*
- *These suggestions may result in us changing your plan of care.*

4. Explanation for resident/client to consent around what happens with information data collection

- *“The wound consultant may see Personal Health Information while visiting in person and review your health records but will not record or collect that information.*
- *The wound consultant will be tracking the information about the services they provide such as number of visits and number of residents/clients they have supported. Do you consent to them tracking that data?”*

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4. Explanation for resident/client to consent around what happens with information data collection (continued)

- *“This information may be summarized in their report to the Department of Senior and Long term care. Your name or any other information that identifies who you are will not be provided to the DSLTC in these reports.*
- *This consent will expire 12 months after it is obtained. You may change your mind and withdraw or change your consent at any time. If you have any questions on how your information is managed, please ask me and I will find someone for us to speak to.”*

5. Documentation after consent is received

The Service Provider administering the consent will document the date, time and their name/title in the resident/client's file.

Negative Pressure Wound Therapy NPWT - Consent

Explanation for resident/client around use of NPWT.

Please be advised that if you are utilizing the Renasys Edge pump, it is equipped with a location finder feature that will only be activated if the device is misplaced.

These will not be used to record any personal or medical information and will be used solely to locate a device in the event it goes missing.

If you request to disable this function on your equipment, it can be removed; however, if the device is lost, you liable for a \$5000 charge.