


<b>2296 INFORMED CONSENT AND REFUSAL OF TREATMENT</b>	
Chapter: <b>Sununu Youth Services Center</b>	Section: <b>Healthcare</b>
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: _____ Approved: _____ Effective Date: <b>01-01-09</b> Scheduled Review Date: <b>01-01-11</b>
	William W. Fenniman, DJJS Director
Related Statute(s): _____ Related Admin Rule(s): _____ Related Federal Regulation(s): _____	Related Form(s): <b>Medical Authorization and Release Form, Medication Administration Record, and Refusal of Treatment Form</b> Bridges' Screen(s) and Attachment(s): _____

It shall be the policy of the SYSC that all informed consent standards in the jurisdiction for medical care are observed and documented. The informed consent of a parent/legal guardian applies when required by law. When health care is rendered against a resident's will, it must be in accordance with state and federal laws and regulations and only in a life-threatening situation. Any resident desiring medical treatment is accorded the same right to bodily integrity available from a community medical facility.

<b>Purpose</b>
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The purpose of this policy is to establish the SYSC informed consent and refusal of treatment procedure.

<b>Procedure</b>
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- I. **Medical Authorization and Release Form**
  - A. The resident's parent/legal guardian shall sign the Medical Authorization and Release form, giving consent for treatment. This form shall be included in the resident's medical record.
  
- II. **Information**
  - A. Prior to initiating a medical or dental procedure, the physician or dentist shall explain to the resident the procedure, its alternatives, and its risks, and document accordingly in the resident's medical record. If deemed necessary by the physician or the Manager of Health Services, the parent/legal guardian shall be contacted for informed consent prior to the procedure.
  
- III. **Over the Counter Medication Consent**
  - A. The SYSC physician has approved a list of OTC medications for the nurses to administer after completing a nursing assessment. Parents are asked to approve the medications on this list either individual or as a whole. (Either by telephone or by written authorization.)
  
- IV. **Parental Notification Required**
  - A. A resident's parent/legal guardian shall be called for consent prior to: (1) the administration of psychiatric medication (new), (2) any extractions by the dentist, (3) transfer to an emergency room and (4) as deemed prudent by the Manager of Health Services.

**V. Resident Refusing Treatment**

- A. A resident may refuse treatment. A medication refusal shall be documented on the Medication Administration Record (MAR) and on the Refusal of Treatment Form. Refusal of other treatment may also be documented in a Nursing Progress Note. The resident's parent/legal guardian shall be notified of said refusal if deemed necessary by the Manager of Health Services or designee. Refusal of medication may result in programmatic sanctions as deemed necessary and appropriate by the psychiatrist in consultation with the clinical and nursing staff.
- B. Refusal of treatment form shall be completed and signed by both resident and RN. All forms will be reviewed by the Health Authority or designee.

**VI. Resident Refusing Assessment and/or TB Testing**

- A. Residents who refuse the Health Assessment Examination of the Mantoux test for Tuberculosis may be segregated from the general population until it can be determined whether the resident is contagious or infectious.

**VII. Medical and/or Professional Judgment**

- A. It may be necessary to proceed with a treatment and/or procedure without obtaining informed consent in instances when the care provider deems it to be appropriate in his/her best medical and/or professional judgment.
- B. The lack of informed consent will be entered in the medical record as a Nursing Progress Note, along with all aspects of the resident's medical condition and the reasons for health care and/or medical intervention.
- C. Exceptions include:
  - 1. Life-threatening conditions that require immediate medical intervention for the safety of the resident.
  - 2. Emergency care of residents who do not have the capacity to understand the information given.
  - 3. Certain public health matters (e.g., treatment of communicable diseases).

**VIII. Emergency Treatment**

- A. A resident who is in need of emergency (i.e., life-threatening) medical or surgical treatment but is incapable of giving consent will receive such medical or surgical treatment as may be deemed necessary by the provider.

**IX. Consents**

- A. Parent/Guardian Consent for Psychotropic Medications
- B. Parent/Guardian Consent for Medical Medications
- C. Parent/Guardian Notification of Medical Issues

- D. Dental Extractions
- E. Select Medical Procedures.