

# Care Facility Admission Consent (ages 19 and above)

## Site Applicability

All VCH/PHC programs managing access to, and continued residence in, [licensed care facilities](#) including:

- Long-Term Care Homes
- Short-Term Transition or Respite Care Homes
- Hospices
- Acquired Brain Injury Housing
- Short or long-term rehabilitation/convalescent services
- Services for Adults with mental health and/or substance use including:
  - Crisis intervention and stabilization services
  - Detox services
  - Mental health/substance housing and rehabilitation services

## Exceptions:

- Admission of a person under 19 years of age to a [Care Facility](#)
- The admission to a group home or other residential service governed by the [Community Living Authority Act](#)
- Moving to an Assisted Living residence
- An admission that is part of a court-ordered support and assistance plan under section 56 of the [Adult Guardianship Act](#)
- An admission ordered by a court as an alternative to incarceration

## Practice Level

### [Manager](#)

Profession	Additional Education Required
<ul style="list-style-type: none"> <li>• All regulated professionals Nursing and Allied Health within scope of practice, role and competencies</li> <li>• All unregulated professionals within their discipline specific entry level education, employer training and job descriptions</li> </ul>	<ul style="list-style-type: none"> <li>• Manager               <ul style="list-style-type: none"> <li>○ Complete "<a href="#">Consent to Care Facility Admission in British Columbia: A course for Managers and Assessors</a>"</li> </ul> </li> </ul>

### Assessor

Profession	Basic Skill	Advanced Skill with Additional Education
Physician	<ul style="list-style-type: none"> <li>Assessor</li> </ul>	
Nurse Practitioner, Occupational Therapist, Registered Nurse, Registered Psychiatric Nurse, Registered Psychologist, Registered Social Worker		<ul style="list-style-type: none"> <li>Assessor               <ul style="list-style-type: none"> <li>Complete "<a href="#">Consent to Care Facility Admission in British Columbia: A course for Managers and Assessors</a>"</li> </ul> </li> </ul>

### Requirements

- [Managers](#) and [Assessors](#) must follow Provincial [Practice Guidelines for Seeking Consent to Care Facility Admission](#) and any additional requirements contained within this Guideline.
- Managers must obtain valid consent from an [Adult](#) or their [Substitute Decision Maker](#) (SDM) for admission to a specific licensed Care Facility
- Documentation is required on the Ministry of Health [Care Facility Admission Consent form](#).
- If there is reason to believe an Adult may be incapable of providing consent for admission to an identified Care Facility, the Manager must arrange for an incapability assessment.
- Assessors must document the outcome of this assessment in the health record. Incapability assessments completed using the Ministry of Health [Incapability Assessment Report must be stored and securely retained in the health record](#).
- If an Adult is assessed as incapable of making a Care Facility admission decision, Managers must obtain consent from a SDM as specified under the [Health Care Consent and Care Facility Admission Act \(Sec. 22\)](#).
- If there is no appropriate SDM, or if there is dispute between equally ranked SDMs, the Manager must ensure that the Public Guardian and Trustee (PGT) has been contacted.
- In emergencies, a Manager may admit an Adult who has been determined to be incapable of giving and/or refusing consent to a Care Facility. Emergency means the admission is required to preserve the Adult's life, to prevent serious mental or physical harm to the Adult, or to prevent serious physical harm to another person. Managers must obtain substitute consent from a SDM for the admission within 72 hours of admission.
- If an Adult disputes the determination that they are incapable of giving consent, they are entitled to a second incapability assessment (see [Second Assessments](#)).

#### *Quick Links:*

- [VCH/PHC Policy: Care Facility Admission \(CFA\) Consent](#)
- [Consent to Care Facility Admission and Continued Residency \(one.vch.ca\)](#)
- Ministry of Health [Practice Guidelines for Seeking Consent to Care Facility Admission](#)
- [Health Care \(Consent\) and Care Facility \(Admission\) Act \(HCCFAA\)](#)
- [Health Care Consent Regulation](#)

## Need to Know

The purpose of the Care Facility Admission Consent Guideline is to establish rights and duties for obtaining consent to Care Facility admission and to establish criteria for determining incapability.

This guideline supplements the BC Ministry of Health [Practice Guidelines for Seeking Consent to Care Facility Admission](#).

VCH has created a [Care Facility Admission Consent Pocket Tool](#) and a [Care Facility Admission Incapability Assessment Pocket Tool](#), which summarizes these guidelines and contains checklists for Managers and Assessors.

## Guideline

### 1. Obtaining Consent

#### 1.1 Valid Consent

- Valid consent must be obtained from Adults or their SDM before an Adult is admitted to a Care Facility. Managers are encouraged to review the VCH [Care Facility Admission Consent Pocket Tool](#) and follow checklists therein to ensure adherence to these Guidelines.
- Consent to a Care Facility admission is only valid if given by a capable Adult, which means an Adult who is able to understand and appreciate the decision being made. All Adults are presumed to be capable [unless there is reason to believe otherwise](#).
- Valid consent to admission occurs when:
  - the consent is given voluntarily,
  - the consent is not obtained by fraud or misrepresentation,
  - the Adult is capable of making a decision about whether to give or refuse consent to admission,
  - the Adult has the information a reasonable person would require to understand that the Adult will be admitted to a Care Facility and to make a decision, including information about:
    - the care the Adult will receive in the Care Facility,
    - the services that will be available to the Adult, and
    - the circumstances under which the Adult may leave the Care Facility, and
    - the Adult has an opportunity to ask questions and receive answers about admission.
- Consent may be expressed orally or in writing or may be inferred from conduct. Consent is not considered valid if an Adult signed a consent form for admission to a Care Facility when the Adult was not capable of understanding and appreciating what they were signing, even if the Adult seemed agreeable to the decision.
- When seeking an Adult's consent, the Manager:
  - must communicate with the Adult in a manner appropriate to the Adult's skills and abilities, and
  - may allow the support person, to help the Adult to understand or to demonstrate an understanding

The Manager must complete documentation of consent on the [Care Facility Admission Consent form](#) and in the health record. See [Documentation Section](#) for further details.

## 1.2 When to Assess for Incapability to Consent to Care Facility Admission

Adults are presumed capable of making their own decisions unless there is a Committee of Person in which case the Adult has already been determined by a court to be incapable of making personal, health care and Care Facility decisions, or a Manager seeking consent has reason to question their ability. Reasonable grounds to question an Adult's capability may include:

- previous clinical assessments raising concerns about capability
- observations of the Adult when discussing care options that indicate inability to understand and appreciate the decision
- reports from support persons
- decisions that are not consistent with the Adult's previous values, wishes, beliefs
- decisions that are putting the Adult or others at risk
- an Adult who was previously assessed as incapable to make a Care Facility admission decision has improved and may now be capable of giving or refusing consent

When a Manager identifies a need for an incapability assessment, the Manager must refer to an authorized Assessor to conduct the assessment. In many circumstances the Manager seeking consent is also an authorized Assessor. In most acute care settings, the Assessor is a social worker. In community, the Assessor is usually a case manager from one of the prescribed professions.

## 1.3 Mental Health Act and Consent to Care Facility Admission

There are situations when an Adult is admitted for involuntary psychiatric treatment under the *Mental Health Act* and requires admission to a licensed Care Facility. Even though the Adult is still an involuntary patient and is on extended leave from the designated psychiatric facility, the Manager must seek and obtain consent for the Adult to be admitted to a licensed Care Facility.

Incapability will be assessed and determined for an Adult on extended leave in the same manner as for any other Adult for whom Care Facility admission consent is needed. An Adult is not considered to be incapable merely by virtue of being admitted for involuntary psychiatric treatment under the *Mental Health Act*. If the Adult is determined to be incapable of giving or refusing consent to Care Facility admission, the same list of [substitute decision makers](#) applies.

## 1.4 Consent for Continued Residence and Discharge from a Care Facility

A Manager must not prevent or obstruct a person in care from leaving a Care Facility if:

- the Adult is capable and expresses a desire to leave
- the Adult is incapable and the person who is authorized as a SDM expresses a desire for the Adult to leave (see sections 3.2 and 3.3 for exceptions).

If the Manager has reason to believe that the Adult is no longer capable to make a consent decision about leaving or continuing to reside in a Care Facility, the Manager must have the Adult assessed for incapability within a reasonable time.

If an Adult who was assessed as incapable of giving or refusing consent to Care Facility admission expresses a desire to leave the Care Facility, the Manager must obtain substitute consent to the continued residence of the person in the Care Facility within a reasonable time from the SDM, unless:

- the person was admitted to the facility in the past 30 days; or
- substitute consent for continued residence has been obtained in the past 90 days.

If the Manager has reason to believe that an Adult who was previously assessed as incapable to make a Care Facility admission decision may now be capable of giving or refusing consent, the Manager must have the Adult's capability assessed within a reasonable time. If the Adult is determined by the Assessor to be capable, the Manager must not prevent the Adult from leaving.

## **2. Incapability Assessment**

When conducting assessments to determine incapability to Consent to Facility Admission, Assessors must follow the [Practice Guidelines for Seeking Consent to Care Facility Admission](#), and may use the [CFA Incapability Assessment Pocket Tool](#).

### **2.1 Information Provided to the Adult**

At all times during the assessment, the Assessor must communicate with the Adult in a manner appropriate to the Adult's skills and abilities.

Before conducting an incapability assessment, an Assessor must ensure that the Adult has been advised that: (a) the Adult is being assessed to determine whether the Adult is incapable of giving or refusing consent to admission to, or continued residence in, a Care Facility; and (b) if the Adult is found to be incapable of making decisions about the Adult's admission to, or continued residence in, a Care Facility, a SDM may make those decisions on the Adult's behalf.

Assessors must provide the following information to the Adult prior to conducting an incapability assessment:

- the information a reasonable person would require to make a decision about admission to a Care Facility, including, at a minimum:
  - the care the Adult will receive
  - the services that will be available
  - the circumstances under which the Adult may leave the Care Facility
- the assessment and the reasons for it
- that they may request to have a support person present during the assessment
  - the Assessor may allow the Adult's support person to help the Adult to demonstrate an understanding of the information provided above. The Assessor may decline to permit a person requested by the Adult to be present during the assessment if, in the opinion of the Assessor, the other person's presence may disrupt or adversely affect the assessment process. It is important to ensure a trauma informed and culturally appropriate lens when considering reasons for excluding a support person, which may include:
    - unreasonable scheduling delays;
    - undue influence by the support person, i.e. support person answering questions reflecting their own opinions instead of the Adult's, or adult presents differently in the presence of the support person
    - safety concerns related to the conduct of the support person.

- that they have a right to refuse to participate in the assessment, but that it may be completed on observational and collateral information
- that if they are determined to be incapable, a SDM will make the decision and provide consent for admission to a Care Facility
- that they may request a second assessment if they disagree with the determination of the assessment

## 2.2 Steps in the Assessment

The Assessor must:

- review medical information
- assess the Adult's decision-specific ability to understand and appreciate information that was provided to the Adult about the Care Facility and the information outlined above
- collect and review collateral information
- interview the Adult (and others as appropriate)
- document the process and results of the incapability assessment – See [Documentation](#)
- inform the Adult (and others as appropriate) of the results of the assessment and that they may request a second assessment if they disagree with the determination that they are incapable.
- complete the [Incapability Assessment Report](#), or a report from the Assessor (see section 5.2) and offer a copy of it to:
  - the Adult and the person responsible for giving substitute consent, unless the Assessor has reason to believe that this would result in serious physical or mental harm to the Adult, or damage or loss to their assets
  - the Manager who requested the assessment
  - the manager of the Care Facility to which the Adult is admitted

## 2.3 Second Assessments

If an Adult disagrees with the determination that they are incapable of consenting to Care Facility admission, the Adult may request a second assessment. Only the Adult may request a second assessment.

Managers must arrange for the second assessment. A second assessment must be conducted by a different Assessor, and, at least one of the two assessments must be completed by a physician or a nurse practitioner. If an Adult has requested a second assessment, substitute consent should not proceed until after the second assessment has occurred. The Adult will only be considered incapable if the second assessment also results in a determination that the Adult is incapable.

If the second assessment determines the Adult is capable, the Manager must obtain the consent decision from the Adult.

### 3. Substitute Consent

If an Adult is found to be incapable of giving or refusing consent to Care Facility admission (see [Incapacity Assessment](#)), the Manager must identify the appropriate person from the [SDM list](#). See the [Consent to Care Facility Admission Pocket Tool](#) and [FAQs](#).

The Assessor who has determined that an Adult is incapable (see [Incapacity Assessment](#)) will advise the Adult of that determination, unless there was reason to believe this would result in serious physical or mental harm to the Adult, or damage or loss to their assets.

Likewise, the Manager seeking substitute consent is also required to:

- inform the Adult that someone else will be asked to make the decision about Care Facility admission
- inform the Adult who will be making the decision (i.e. identify the SDM)
- inform the Adult how the care team will assist the SDM to make the decision and describe the decision-making process

#### 3.1 Choosing a Substitute Decision Maker

To obtain substitute consent to Care Facility admission for continued residence, the Manager must choose:

- Committee of Person, appointed by the court under the [Patients Property Act](#)  
If there is no Committee of Person, **the first** in listed order of the following who is available and qualifies:
  - the Adult's Representative, if they have the authority to consent to the Care Facility admission through a section 9 representation agreement under the [Representation Agreement Act](#)
  - the Adult's spouse
    - Note: Spouse is defined in the HCCCFAA as follows:
      - is married to another person, and is not living separate and apart, within the meaning of the *Divorce Act* (Canada), from the other person, or
      - is living with another person in a marriage-like relationship.
  - the Adult's Adult child, with all Adult children ranked equally
  - the Adult's parent
  - the Adult's brother or sister
  - the Adult's grandparent
  - the Adult's grandchild
  - anyone else related by birth or adoption to the Adult
  - a close friend of the Adult
  - a person immediately related to the Adult by marriage
  - Public Guardian and Trustee of BC (PGT) (if no one listed above is available or qualifies, or if there is dispute about who is to be chosen)



This SDM must also meet the following criteria to be eligible:

- not be the manager of the Care Facility to which the Adult is being admitted
- be at least 19 years of age
- have been in contact with Adult in past 12 months
- have no dispute with Adult
- be capable of giving or refusing consent be willing to comply with the duties set out in Section 23 of the HCCFAA

### **3.2 Duties/Requirements of a Substitute Decision Maker**

The Manager must confirm that the SDM is aware of their duties and responsibilities when seeking and obtaining a consent decision. Managers must provide SDM with information brochure [Duties of a Substitute Decision Maker](#) and/ or review the following with them:

- Before giving or refusing consent to an Adult's admission to a Care Facility, an SDM must
  - consult, or make a reasonable effort to consult, with the Adult and the Adult's support person and
  - make a decision in the Adult's best interests.
- In determining the Adult's best interests, the SDM must consider:
  - the Adult's current wishes and any pre-expressed wishes, values and beliefs,
  - whether the Adult could benefit from admission to a Care Facility, and
  - whether a course of action other than admission to a Care Facility, or a less restrictive type of Care Facility, is available and appropriate in the circumstances.
- A SDM chosen under the [HCCFAA](#) has the right to all information and documents to which the Adult is entitled and that are necessary for the person to make an informed decision.
- If the Manager seeking Care Facility admission consent has reason to believe that a SDM is acting in a manner that may be abusive or harmful to the Adult, the Manager must:
  - immediately notify the Designated Responder Coordinator (DRC) or ReAct Adult Protection Program, and
  - until instructed otherwise by the designated person, take any steps that, in the opinion of the Manager, are reasonably necessary to protect the Adult, including refusing to discharge a person in care from a Care Facility.

### **3.3 Ruling out a Substitute Decision Maker**

In some situations the Manager seeking substitute consent may rule out a higher ranked SDM because that person does not meet the criteria. To be eligible, a SDM must:

- not be the manager of the Care Facility to which the Adult is being admitted
- be at least 19 years of age
- have been in contact with Adult in past 12 months
- have no dispute with Adult
- be capable of giving or refusing consent
- be willing to comply with the duties set out in law which includes:



- consulting with the Adult, Adult's support person
- making a decision in the Adult's best interest which includes consideration of:
  - the Adult's current and previously expressed wishes, values and beliefs
  - whether the Adult could benefit from admission to a Care Facility
  - whether a course of action other than admission to a Care Facility, or a less restrictive type of Care Facility, is available and appropriate in the circumstances.

Best practice when a SDM is being ruled out, is the Manager seeking consent, in consultation with DRC/Team Leader notifies the ruled out SDM:

- that they are being ruled out for making this particular consent decision
- the reasons why they are being ruled out, and
- who will be making the decision (i.e. identify the SDM)

Managers may forgo providing this notification if there are concerns surrounding the safety of the staff or the Adult. This notification may be oral or in writing, and it must be documented in the health record when it was given, by whom, and if there was any response.

If the SDM objects to being ruled out, the Manager may notify them of their options:

- Seek legal advice
- Consider applying to court for an order or Committee of Person
- Contact the PGT to seek a different SDM or give reasons for why they believe they should be reinstated as SDM
- Make a complaint to the Patient Care Quality Office if they feel they have been treated unfairly

### 3.4 Disputes between SDMs

If no Adult meets the criteria to be a SDM, **or** if there is dispute about who should be chosen, the Manager **must** [notify the PGT](#).

The role of the PGT in these instances is to choose a person to give or refuse consent to admission or to continued residence in a Care Facility. The PGT may choose one of its own employees to make the consent or refusal decision, or may choose another person to give or refuse substitute consent.

When equally ranked eligible SDMs (e.g. equally ranked adult children) are in dispute with each other about Care Facility admission decisions, or continued residency decisions, best practices for the Manager include:

- Consult clinical supervisor and/or practice leader.
- Collaborate/consult with the health care team and [VCH](#) or [PHC](#) Ethics Services about the issues under dispute and consider other options and resources available to meet the Adult's needs in alternative setting.
- Develop a detailed care plan that clearly outlines the minimal health care and supervision required (including, health, social, spiritual, financial, equipment, security, nutrition, physical, recreation, etc.).
- Advise the family members that they may seek legal advice and consider applying for [Committee of Person](#).

- While the dispute amongst potential SDMs is being resolved, ensure the safety of the Adult is not compromised and consider using Emergency Admission Provisions to admit the Adult to a Care Facility without consent to prevent serious physical or mental harm to the Adult or physical harm to any person. See [Emergency Admission section](#).

#### **4. Emergency Admissions (See the Flow chart for [Emergency Admission to a Licensed Care Facility](#))**

Adults may be admitted to a Care Facility in an emergency if they are capable and have provided valid consent.

Adults who have been assessed as incapable to make Care Facility decisions may be admitted to a Care Facility in an emergency if the SDM has provided consent.

An Adult may be admitted to a Care Facility **without consent** or substitute consent **only** when:

- the Adult has been assessed to be incapable for Care Facility consent decisions in accordance with the guidelines and regulation and immediate admission is necessary to preserve the Adult's life, prevent serious mental or physical harm to the Adult, or prevent physical harm to anyone else, or,
- the Adult is subject to an emergency measure taken by a designated responder (DR) to protect the Adult from abuse, neglect or self-neglect under the [Adult Guardianship Act](#) (AGA).

Please review the [Emergency Admission to a Licensed Care Facility Flow Chart](#).

If an incapable Adult is admitted without consent in an emergency, the Manager is responsible for seeking substitute consent within 72 hours of admission.

Unless an Adult has been assessed as incapable in accordance with the [Health Care Consent Regulation](#), or is subject to [AGA emergency measures](#), an Adult must not be admitted without consent.

## **5. Documentation**

### **5.1 Documenting Consent**

Managers seeking consent or substitute consent must ensure that the following information is documented:

- Who the Manager met with (Adult or SDM if Adult has been found incapable of consenting to Care Facility admission, and support person, if any)
- Why the Manager is recommending a referral to a licenced Care Facility
- The location, care and services of (insert name of each Care Facility) was discussed
- What information about the Care Facility was provided to the Adult or SDM (**Examples:** VCH external website and LTC Handbook, Detox brochure, contact information of the Care Facility for the client to arrange a tour, [Residents' Bill of Rights](#))
- That the Adult or SDM was given the opportunity to ask questions and what questions they asked
- That the Adult was made aware of the circumstances under which they may leave the Care Facility

- Ministry of Health [Care Facility Admission Consent Form](#) was completed and signed and uploaded to electronic health record (e.g. PARIS/ Profile EMR)

If there is reason to believe that the Adult may be incapable of consenting or refusing to consent to Care Facility admission, the Manager must also document the following:

- The clinical reasons why the Adult requires admission to a licenced Care Facility
- Why the Manager believes the Adult is incapable of consenting or refusing admission to a licenced Care Facility
- The clinical evidence/specific details to support the Manager's belief
- That a referral has been made to an Assessor
- That a completed Assessment Report and Care Facility Admission Consent Form have been attached to the health record
- Who they have chosen as SDM from the ranked list of SDMs, and that they have informed the SDM of their duties as a SDM. The Manager may provide them with the [MOH brochure Duties of a SDM](#)
- If an SDM is ruled out: the reasons, the notification, who provided it, and if there was any response

## 5.2 Documenting the Incapability Assessment

Assessors must document in the health record that the Adult has been provided with all of the mandatory information and notifications required for the [Incapacity Assessment](#).

Assessors must document the process and results of the incapability assessment including:

- the factual details of the assessment using the Ministry of Health [Incapacity Assessment Report](#), or a report from the Assessor that includes the following:
  - information identifying the client who was assessed
  - the name, professional designation of the assessor, the assessor's regulatory college and registration number
  - confirmation that medical information was reviewed, including the client's relevant diagnoses and prognoses
  - the factors that were considered in making the determination of the client's capability or incapability
  - the conclusions that were reached on the basis of those factors
  - a summary of information gathered from consulting with, or collecting information from, others (including information relied upon if the client refused or was unable to participate in the assessment)
  - that the Adult has been advised of the outcome of the assessment and that they may request a second assessment if they disagree with the determination that they are incapable.\*

\*If the Assessor has decided to not advise the Adult or SDM about the outcome because they have reason to believe that it will result in serious physical or mental harm to the Adult, or significant loss

to the Adult's assets/property, that decision and the evidence for which it was based must be documented in the health record.

## Related Documents

### Policies and Guidelines

- BC [Practice Guidelines for Seeking Consent to Care Facility Admission](#)
- [Care Facility Admission Consent Policy](#)

### PHC

- [PHC Adult Protection: Abuse, Neglect or Self-Neglect of Vulnerable Adults Designated Responder Guideline](#)
- [PHC Screening Patients and Residents for Abuse Policy](#)

### VCH

- [Adult Protection: Abuse, Neglect or Self-Neglect of Vulnerable Adults](#)
- See [Consent to Care Facility Admission & Continued Residency \(VCH OneVCH Intranet\)](#) for all Practice Support Tools, Provincial Guidelines and Forms, PGT Referral Forms
- [Cultural Competency and Responsiveness](#)
- [Ethical Decision Making Framework](#)
- [Trauma Informed Practice](#)

### PHC and VCH

- [Supporting Choices through Informed Decision-Making and Collaboration](#)

### Related Acts

- [Adult Guardianship Act](#)
- [Health Care \(Consent\) and Care Facility \(Admission\) Act](#)
- [Health Care Consent Regulation](#)
- [Mental Health Act](#)
- [Patients Property Act](#)
- [Power of Attorney Act](#)
- [Public Guardian and Trustee Act](#)
- [Representation Agreement Act](#)

### Related Provincial Resources

- [Health Care Providers Guide to Consent to Health Care](#)
- [Home and Community Care Policy Manual, Chapter 6, Ministry of Health](#)
- [Public Guardian and Trustee of British Columbia](#)

## Definitions

**Adult:** means anyone who has reached 19 years of age.

**Assessor:** for the purposes of this guideline, refers to the person who is responsible for assessing an Adult for incapability to consent or refuse consent to Care Facility admission and who meets the conditions of:

- being identified by their VCH/PHC Operation's manager/Clinical leader for this purpose, and
- completed the MoH online course "[Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors](#)", and
- is one of the following Prescribed Health Care Providers (PHCP):
  - Registered Social Worker
  - Occupational Therapist
  - Registered Nurse
  - Nurse Practitioner
  - Registered Psychiatric Nurse
  - Registered Psychologist
  - Physician (It is recommended, though not required that physicians take the "[Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors](#)")

**Care Facility:**

- a facility that is licensed or designated under the *Community Care and Assisted Living Act*, and provides residential care to Adults;
- a private hospital licensed under Part 2 of the *Hospital Act*;
- an institution designated as a hospital under the *Hospital Act* for convalescent care or rehabilitation or
- any other facility, or class of facility, designated by regulation as a Care Facility, but does not include a service provider under the *Community Living Authority Act*

**Manager:** for the purposes of this guideline and the *HCCCCFAA*, the Manager is a health authority/facility employee who is responsible for obtaining Care Facility consent, or consent for continued residence, and must have completed the MoH online course "[Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors](#)".

**Substitute Decision Maker (SDM):** refers to the person authorized to give or refuse consent to Care Facility admission or continued residence on behalf of an Adult who is assessed to be incapable of making that decision under the *HCCCCFAA*.

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<b>Approved By:</b> <i>(committee or position)</i>	PHC	VCH
	VP, Quality & Safety	VCH: (Regional DST Endorsement - 2 <sup>nd</sup> Reading) Health Authority & Area Specific Interprofessional Advisory Council Chairs (HA/AIAC) Operations Directors Professional Practice Directors  Final Sign Off: Vice President, Professional Practice & Chief Clinical Information Officer, VCH
<b>Owners:</b> <i>(optional)</i>	PHC	VCH
		Director, ReAct Adult Protection Program Manager, Risk Management