



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

November 18, 2008

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

**Re: Revisions to Communicable Disease Control Manual, Chapter 2-
Immunization Program: Informed Consent**

Since the implementation of the Informed Consent Standard of Practice in January 2008, the BC Immunization Subcommittee (BCISC) Informed Consent Working Group has revised the standard of practice based on feedback received from public health nurses and community health nurses working in First Nation's communities. As well, extensive consultation has occurred with solicitors from the Ministry of the Attorney General and operational and policy managers from the Ministry of Children and Family Development.

The principles of the standard of practice implemented in January 2008 remain the same. Primarily, the revisions have increased the clarity of the document and include re-formatting, shortening, and re-languaging the guidelines into a more active, directive voice.

Please note the other revisions:

- 1) Information previously contained in the training scenarios is included within the document.**
- 2) Definitions have been added to and refined.**
- 3) The "Checklist: Initial Visit in Vaccine Series" is shortened, re-named, consistent with the revisions to the standard of practice, and is included as part of the Informed Consent guidelines.**
- 4) Step 1: Provide Resources" was removed and subsumed in the new "Step 3: Provide Standard Information."**

Administrative Circular # 2008:12



5) New “Step 1: Determine Authority to Provide Informed Consent:”

- Clearer direction is provided for specific client groups, in particular foster parents, mature minors, and other representatives:
 - **Under b) Parents:** recommendation added to defer and immediately consult a manager/supervisor/MHO if a parent discloses there are irreconcilable differences between parents regarding the urgent administration of post exposure immunoprophylaxis or if both parents refuse the urgent administration of post-exposure immunoprophylaxis. The matter should be brought to the attention of the Regional Director of Child Protection as soon as possible.
 - **Under d) Foster Parents:** in accordance with sections 47 and 94 of the *Child, Family and Community Service Act*, a foster parent/caregiver has the authority to consent to immunization for a child in their care. It is not necessary to ask the foster parent for proof of authority or to obtain consent from the child’s social worker. Also, a foster parent may not refuse a foster child’s immunization without the authorization of the child’s social worker.
 - **Under c) Mature Minors:** recommendation added that for school-based immunization programs efforts may be first made to obtain parental/representative consent. If a student presents without parent/representative consent, it is the health care provider's professional responsibility to inform them about a mature minor’s right to provide consent on their own behalf. Recommendation is to proceed with the consent process according to Health Authority guidelines.

6) Standard Information has been revised.

7) Step 7: “Document Consent or Refusal:”

- More detail is outlined regarding the documentation of mature minor consent, the necessary elements to be included on a written consent, and documentation of telephone consent.

Please remove the following page from the Communicable Disease Control Manual, Chapter 2- Immunization Program:

Communicable Disease Control Immunization Program
Table of Contents Dated November 2002

Please insert the following pages in the Communicable Disease Control Manual, Chapter 2- Immunization Program:

Communicable Disease Control Immunization Program
Table of Contents Dated November 2008

Section XI - Informed Consent:
Table of Contents and Pages 1 to 12 Dated November 2008



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Special thanks and acknowledgement is given to the BCISC Informed Consent Working Group for their commitment to working on these guidelines over the last several years:

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Sincerely,

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