# **Consent, Informing Obligation and Refusal of Health Care Treatment (Title 15, Section 1434)**

## 705.1 PURPOSE:

To establish guidelines for obtaining consent and managing refusals of health care from the youth and/or parent/guardian for general health care services for youth in the Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs).

### 705.2 DEFINITIONS:

Informed Consent: Agreement by a patient or guardian to a treatment, examination, or procedure after the patient or guardian receives material facts about the nature, consequences, and risks of the proposed treatment, examination, or procedure; the alternatives to it; and the prognosis if the proposed intervention is not undertaken.

<u>A person standing in loco parentis</u>: An individual who assumes parental roles and responsibilities to care for or financially support a child, including but not limited to; day-to-day care, food, shelter, medical care, and education.

#### 705.3 RESPONSIBILITIES:

- I. <u>Chief Medical Officer/Physician/Provider:</u>
  - A. Obtain informed consent for procedures and treatment that go beyond routine and verbal consent from youth for procedures/treatments performed in a medical clinic.
- II. <u>Health Services Manager:</u>
  - A. Ensure the Court Order Permitting Medical Examinations, Immunizations, and Medical Treatment–Medical Consent and the Order Permitting the Administration of Psychotropic Medications–Medical Consent are current.
  - B. Shall facilitate the acquisition of court consent for the invasive medical procedure when the parent or guardian is not involved, when the youth is not under the jurisdiction of the Department of Children and Family Services (CFS), and when the youth is deemed a ward of the court.
  - C. Shall monitor compliance with this procedure by periodic review of logs, incident reports, safety reviews, and other safeguards conducted in the normal course of business on a weekly, monthly, and yearly basis.
- III. <u>Supervising Correctional Nurse I/II:</u>
  - A. Assist the off-site physician/providers in obtaining informed consent as requested.
  - B. Depending on the seriousness of the treatment to be rendered, contact the Watch Commander (WC) for assistance in contacting the parent/guardian or person standing in loco parentis if previous attempts were unsuccessful.

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- Ensure Refusal of Healthcare forms are completed per procedure. C.
- IV. Correctional Nurse I/II, Licensed Vocational Nurse I/II:
  - Obtain General Informed Consent from youth during the intake/booking Α. process.
    - 1. Completion of the consent in the electronic health record serves as the nurse's signature.
  - Β. Obtain consent from youth as outlined in the California Minor Consent and Confidentiality Laws by completing the Youth Consent for Medical Treatment form.
  - C. Explain the benefits and risks of the proposed treatment.
  - D. Document refusals of medication, treatment, or a medical evaluation on the Refusal of Healthcare form in the health record, and notify FAST via email of refusals of psychiatric medication.
  - Ε. Chart check refusals of non-psychiatric medication with the medical provider.
  - F. Schedule appointments for youth with three (3) consecutive non-psychiatric medication refusals with the medical provider.
  - G. If the youth refuses to sign a completed refusal form, obtain a witness signature from either medical or custody staff.
- V. Office Assistant:
  - Provide the Consent for Healthcare of Ward or Dependent Child of the Juvenile Α. Court of San Bernardino County form to the Probation Corrections Officer (PCO) in visiting for new and expiring general consents for youth under eighteen (18) years of age.
  - Scan Refusal of Healthcare forms related to medical services in the electronic Β. health record.
- VI. Probation Corrections Officer (PCO) for Visiting:
  - Α. Attempt to obtain the signature of the parent/guardian, or person standing in loco parentis, for youth under eighteen (18) years of age, on two (2) copies of the Consent for Healthcare of Ward or Dependent Child of the Juvenile Court of San Bernardino County form, as requested by Medical Services.
  - Β. Sign the form as a witness after the parent/guardian or person standing in loco parentis has signed the consent.
  - C. Return the signed forms to Medical Services.
- VII. Probation Officer (PO I/II/III):
  - Make necessary efforts to obtain a signature on the consent forms from the Α. parent/guardian or person standing in loco parentis, as requested by the Supervising Correctional Nurse or Watch Commander.

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- B. May provide transportation for parent/guardian or person standing in loco parentis to obtain consent.
- VIII. Forensic Adolescent Services Team (FAST):
  - A. Obtain consent from the youth or the parent/guardian or person standing in loco parentis for any mental health services.
  - B. If a parent/guardian or person standing in loco parentis refuses to sign a mental health or medication consent, promptly request an order from the Juvenile Court.
  - C. Ensure the original signed consent form is scanned in the health record.
  - D. Document refusals of appointments with the psychiatrist, clinicians, or other mental health providers on the Refusal of Healthcare form in the health record.
  - E. Scan Refusal of Healthcare forms related to psychotropic medications and psychiatric services in the electronic health record.
  - F. Review emails received from nursing staff regarding refusals of psychotropic medication, review the completed Healthcare Refusal form, and triage accordingly.
  - G. Chart check refusals of psychotropic medication with the psychiatrist.
  - H. Schedule appointments for youth with three (3) consecutive psychiatric medication refusals with the psychiatrist.
  - I. Refer to the Psychiatric Services and Psychotropic Medications procedure for the management of medication consent.
  - J. If the youth refuses to sign a completed refusal form, obtain a witness signature from a clinician or custody staff.

#### 705.4 GUIDELINES:

- A. Youth may refuse, verbally or in writing, any non-emergency medical, dental, and behavioral/mental health care and shall not receive consequences for exercising their right to refuse. A refusal form shall be completed for all refusals.
- B. If a refusal pertains to a condition that poses a health risk to others, it may be appropriate to medically separate and counsel the youth regarding the medical consequences of refusing treatment.
- C. The standing court order issued by the Presiding Judge of the Juvenile Court shall be utilized for general care and treatment when efforts to obtain parental consent have been unsuccessful.
- D. Off-site physician/provider is responsible to obtain consent from parent/guardian or person standing in loco parentis when care or treatment goes beyond routine.
- E. California Minor Consent and Confidentiality Laws shall be followed.
- F. There shall be provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent/guardian or other person

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standing in loco parentis, including the requirements in Welfare and Institutions Code Section 739.

- G. Policy and procedures shall be consistent with applicable statutes in those instances where the youth's consent for testing or treatment is sufficient or specifically required.
- H. If consent is unobtainable for an emergent surgical intervention, a court order may be obtained in collaboration with the attending hospital, Probation Officer, and Division Director II or designee, if required.
- I. Conservators may only provide consent within the limits of their court authorization.
- J. All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.
- K. Though the right to refuse treatment is inherent in the notion of informed consent, exceptions may arise in psychiatric or medical emergencies.