



PRISONS
Health and Wellness Services
Policies and Procedures

Title		Informed Consent		
Section	AD IV-1	Issue Date June 23, 2021	Supersedes Date February 2014	

References

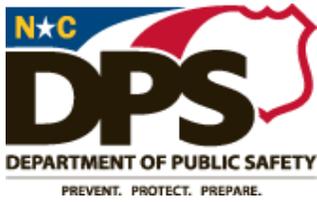
Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6A-04, 5-ACI-6A-12(M), 5-ACI-6C-03(M), 5-ACI-6C-04(M); North Carolina General Statute (N.C.G.S.) 130A-135 Physicians to report, N.C.G.S. 130A-143, Confidentiality of records, N.C.G.S. 148-22.2 Procedure when surgical operations on inmates are necessary, N.C.G.S 90-21.5, N.C.G.S 130A-145 Quarantine and isolation authority; DC 598 Health and Wellness Consent Form; DC 442 Refusal of Health and Wellness Care, Treatment and Services
https://internal.doc.state.nc.us/dop/health_services_forms.htm

I. PURPOSE

- (a) To delineate the process to obtain written permission from the patient, after receiving information regarding the benefits, risks and alternatives from the applicable health and wellness provider (internal and external), to perform an examination/evaluation, diagnostic tests, or treatments and/or services.
- (b) To establish a procedure for patients to refuse in writing examinations, diagnostic tests, treatments and/or services.
- (c) To identify procedures for compulsory testing, quarantine, patient competency and guardianship related to the refusal of recommended treatment, care and services.

II. DEFINITIONS

- (a) Informed consent – the agreement by a patient to a treatment, examination, or procedure after the patient receives the material facts regarding the nature, consequences, risks, and



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Informed Consent		
Section	AD IV-1	Issue Date June 23, 2021	Supersedes Date February 2014

alternatives concerning the proposed treatment, examination, or procedure.

- (b) Minor - an offender who is under 18 years of age who is not emancipated (by marriage or by a judicial decree of emancipation).
- (c) Competency - the ability to reason and understand the nature and consequences of the health care decision being made.
- (d) Incompetent - the inability to reason or understand will generally be the product of a significant mental disease or defect.

III. POLICY

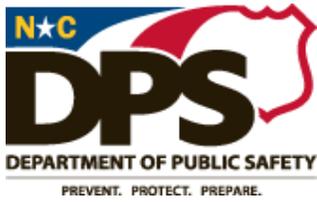
- (a) Processing center health and wellness staff shall review and have the patient sign the DC 598 Consent Form. The completed form shall be scanned into the patient health care record. https://internal.doc.state.nc.us/dop/health_services_forms.htm
- (b) The Health and wellness provider that is providing the care, treatment and service shall be responsible for providing counseling/education and obtaining the patient’s signed informed consent on the applicable consent form that is specific to the care, treatment and services being offered. The completed form shall be scanned into the patient health care record.
- (c) *Patients whom English is a second language, those who are deaf or blind, or anyone experiencing communication barriers shall have the information provided in a way that is understood by the patient. If applicable, the name of the translators or interpreters assisting the provider shall be documented on the consent/refusal form. (5-ACI-6C-04(M))*
- (d) *Informed consent (verbal or written) shall be obtained from a parent, guardian or legal custodian for minors, when required by law for non-emergency health and wellness treatment. (5-ACI-6C-04(M))*
- (e) Nursing staff shall be responsible for reviewing the patient health care record and provide counseling/education to the patient about the purpose, contraindications, risks and what to do in case of adverse reactions prior to obtaining consent and administering immunizations/vaccines.



PRISONS
Health and Wellness Services
Policies and Procedures

Title		Informed Consent		
Section	AD IV-1	Issue Date June 23, 2021	Supersedes Date February 2014	

- (f) Informed consent for health care intervention shall not be required when staff is responding to life threatening conditions that require immediate action to preserve the health and safety of the patient.
- (g) The patient shall be legally and mentally capable of granting informed consent, in the provider’s determination.
- (h) Care, treatment and services for purposes of coercion, punishment or the use of undue influence is prohibited and shall be addressed by facility and Health and Wellness leadership.
- (i) ***Patients may refuse and or rescind consent for health care services, in writing, on the DC 422 Refusal of Health and Wellness Care, Treatment and Services. (5-ACI-6C-04(M))***
- (j) ***Two (2) Prisons staff members shall sign as witnesses for patients that refuse to sign the DC 442 Refusal of Health and Wellness Care, Treatment and Services. (5-ACI-6C-04(M))***
- (k) ***A licensed health and wellness staff member shall provide counseling/education to the patient that has refused health and wellness care, treatment and services. Specific counseling/education shall be documented on the DC 442 Refusal of Health and Wellness Care, Treatment and Services and scan the form into the patient’s health care record. (5-ACI-6C-04(M))***
- (l) A Patient’s refusals of health and wellness care, treatment and services does not forego their ability to receive the same or related care, treatment or services at a later time.
- (m) Health and Wellness staff shall document communications with the patient, parent, guardian or legal custodian in the patient’s health care record.
- (n) In accordance with G.S. 148.22-2, North Carolina Department of Public Safety (NCDPS), Division of Prisons (DOP) Health and Wellness providers are authorized to perform, or arrange performance by competent and skillful surgeons, surgical operations upon any offender when such operation is necessary for the improvement or maintenance of their health.



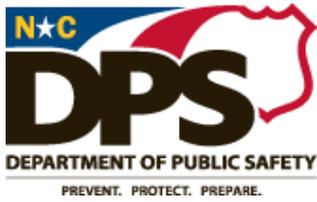
PRISONS
Health and Wellness Services
Policies and Procedures

Title	Informed Consent		
Section	AD IV-1	Issue Date June 23, 2021	Supersedes Date February 2014

- (o) If the attending surgeon determines that an operation is needed, the decision shall be made by the Health and Wellness Chief Medical Officer/designee with consultation with the facility provider and in collaboration with the facility Warden.
- (p) Patient consent shall be sought for diagnostic tests/treatment for a patient reasonably suspected of having a communicable disease; however, if applicable, tests/treatments shall be accomplished with or without the patient’s consent by order of the provider.
- (q) For patient’s suspected of having a communicable disease the least intrusive and most effective alternative available shall be used to accomplished the applicable treatments/tests (medical isolation, chest x-ray, etc.)

IV. PATIENT COMPETENCY

- (a) If there is reason to suspect that a patient is not competent and health and wellness treatment or diagnosis is necessary, a clinical determination of the patient's competency shall be made.
- (b) If the determination is made by the health and wellness provider that a patient is not competent to make their own decisions/judgements in non-life threatening situations, application for judicial appointment of a guardian shall be made.
- (c) Following the court appointed guardian, health and wellness decisions shall be made by the guardian.
- (d) A patient is not incompetent simply because he declines to follow the advice of health and wellness providers.
- (e) In life threatening emergencies, the decision of competency shall be made by the available senior health and wellness staff member.
 - (1) If the patient is reasonably believed to be incompetent, informed consent shall not be required in responding to life threatening conditions.
 - (2) Specific interventions based on such determinations of incompetency and supporting reasons shall be documented in the patient’s health care record by the



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Informed Consent		
Section	AD IV-1	Issue Date June 23, 2021	Supersedes Date February 2014

senior health and wellness staff member that made the clinical determination of the patient's competency.

- (f) In other than a life-threatening emergency, a patient who is suspected of being incompetent shall be referred to Behavioral Health for the appropriate assessment. This referral shall take place even though the offender is consenting to treatment.
 - (1) If Behavioral Health personnel determine that the patient is competent to make the decision for care, treatment and services, that determination shall be documented in the patient's health care record.
 - (2) The patient shall have the right to decline/refuse general or specific health and wellness care, treatment and services.
- (g) The determination of competency shall be considered effective until such time as there are circumstances indicating some change in the patient's condition or status.
- (h) In the event of such change, the new or additional circumstances should be documented and a new competency assessment requested.

V. MINORS

In accordance with N.C.G.S 130A-135 and 90-21.5 minors are able to consent to treatment without parental or guardian involvement when seeking services for sexually transmitted diseases, pregnancy, substance abuse and behavioral health.

VI. COMPULSORY TESTING

- (a) When a patient refuse to submit to an ordered diagnostic test/treatment, prison authorities shall make reasonable efforts to convince the offender to voluntarily submit to testing/treatment.
- (b) The health and wellness provider shall document in the patient's health care record the patient's condition, the reason for the diagnostic tests/treatments being implemented without the patient's consent (such as a communicable disease issue) and counseling/education provided.



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Informed Consent		
Section	AD IV-1	Issue Date June 23, 2021	Supersedes Date February 2014

- (c) Continued patient refusal to submit to ordered diagnostic testing/treatment shall result in compulsory testing.
- (d) When compulsory testing is required, appropriate health and wellness personnel shall be present.
- (e) The facility health authority/designee shall request to have a patient detained and isolated:
 - (1) Who is reasonably suspected of being infected with a communicable disease when and the extent such detention and isolation is necessary to protect the health of the offender population and staff.
 - (2) Until the results of the examination or diagnostic tests are determined.
- (f) *Documentation shall be entered in the patient health care record by the facility health authority/designee regarding administration of treatment or isolation and reported to the Facility Warden/designee. (5-ACI-6C-03(M))*

VI. QUARANTINE

- (a) In accordance with N.C.G.S. 130A-145, local and state health directors are empowered to exercise quarantine and isolation authority and shall be exercised only when and so long as the public health is endangered, all other reasonable means for correcting the problem have been exhausted, and no less restrictive alternative exists.
- (b) *Immunizations against a communicable disease in a communicable disease outbreak situation may be given without the patient's consent upon written instructions by the Chief of Communicable Disease Branch, North Carolina Department of Environmental Health. (5-ACI-6A-12(M))*
- (c) The patient shall be quarantined (isolated) until such time as the provider responsible for the patient determines that either the patient has responded to counseling and will be compliant or an appropriate plan is in place to prevent transmission.

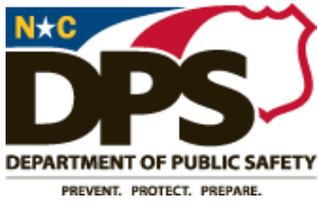


PRISONS
Health and Wellness Services
Policies and Procedures

Title		Informed Consent		
Section	AD IV-1	Issue Date June 23, 2021	Supersedes Date February 2014	

VII. CONSENTS

- (a) Offenders shall be asked to voluntarily consent to health and wellness examinations/evaluations, care, treatment and services which are deemed necessary in the opinion of health and wellness providers.
- (b) Consent forms shall be obtained for the following (not all inclusive):
https://internal.doc.state.nc.us/dop/health_services_forms.htm
 - (1) DC 133R Notice of Referral to a Mental Health Unit.
 - (2) DC 411C Transgender Accommodation Review Committee (TARC) Consent and Authorization.
 - (3) DC 475 Hepatitis C Therapy Informed Consent.
 - (4) DC 476 Counseling of Inmates with a Positive HIV Antibody Test.
 - (5) DC 540 Behavioral Health Services Referrals.
 - (6) DC 546 Notice of Referral to IMC.
 - (7) DC 552 Request for Discharge for inpatient/Residential Program.
 - (8) DC 590 Request and Authorization for Oral Surgery.
 - (9) DC 598 Consent Form.
 - (10) DC 746 Inmate Reasonable Accommodation Request Determination.
 - (11) DC 807 Request and Authorization for General Dental Treatment.
 - (12) DC 808 Endodontic Root Canal Therapy, Endodontic Surgery, Anesthetics and Medications.
 - (13) DC 854 Informed Consent for Intravenous Contrast Media.



PRISONS
Health and Wellness Services
Policies and Procedures

Title		Informed Consent		
Section	AD IV-1	Issue Date June 23, 2021	Supersedes Date February 2014	

- (14) DC 887 Consent to Surgery, Anesthetics and Medical Treatment.
- (15) DC 945 Confidentiality and Privileged Information.
- (16) DC 947CR Behavioral Health Consent to Record.
- (17) DC 947DT Informed Consent for Day Treatment Services.
- (18) DC 947OP Informed Consent for Outpatient Treatment Services.
- (19) DC 947RA Informed Consent for Psychological Evaluation for Community Risk Assessment.
- (20) DC 947TDU Informed Consent for Therapeutic Diversion Unit Services.
- (21) DC 967 SOAR Referral.

 Todd E. Ishee
 Commissioner of Prisons

June 23, 2021
 Date